

FIRST, MIDDLE, LAST NAME OF VETERAN	<b>Department of Veterans Affairs</b>  <b>OLD LAW AND SECTION 306 ELIGIBILITY        VERIFICATION REPORT        (SURVIVING SPOUSE)</b>  <b>2S</b>
FIRST, MIDDLE, LAST NAME OF SURVIVING SPOUSE	
VA FILE NUMBER	
COMPLETE MAILING ADDRESS OF SURVIVING SPOUSE	VA REGIONAL OFFICE RETURN ADDRESS

**(IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21P-0510) before completing this form. This form is used by surviving spouses receiving Old Law or Section 306 Pension. If you have been receiving a fixed rate of pension since 1960, you receive Old Law Pension. If you have been receiving a fixed rate of pension since 1978, you receive Section 306 pension. If you receive Old Law Pension, do not complete Item 2G, New Worth, and Item 3, Family Medical Expenses. If you receive Section 306 Pension, complete all items).**

1A. VETERAN'S SOCIAL SECURITY NUMBER	1B. YOUR SOCIAL SECURITY NUMBER	1C. YOUR DATE OF BIRTH (MM/DD/YYYY)
--------------------------------------	---------------------------------	-------------------------------------

2. MARITAL STATUS *(Check one box)*

(1) I HAVE NOT REMARRIED SINCE THE VETERAN DIED *(You have not married anyone since the veteran's death)*

(2) I REMARRIED ON \_\_\_\_\_ *(Date) (MM/DD/YYYY) AND I AM STILL MARRIED (You married after the veteran's death and you are currently married. Enter the date you married your current spouse.)*

(3) I REMARRIED AFTER VETERAN DIED BUT MARRIAGE ENDED BY DEATH OR DIVORCE ON \_\_\_\_\_ *(Date) (MM/DD/YYYY) (You remarried but you are not currently married.) Show the date your latest marriage ended.)*

3A. NUMBER OF UNMARRIED DEPENDENT CHILDREN <i>(See Paragraph 1 of the EVR Instructions)</i>	3B. AMOUNT CONTRIBUTED DURING PAST 12 MONTHS TO CHILDREN NOT IN YOUR CUSTODY
IN YOUR CUSTODY                      NOT IN YOUR CUSTODY	

4A. ARE YOU A PATIENT IN A NURSING HOME? <i>(If "YES," Complete Items 4B thru 4D) If "NO," go to Item 5.)</i>	4B. SHOW THE DATE YOU ENTERED THE NURSING HOME (MM/DD/YYYY)
<input type="checkbox"/> YES <input type="checkbox"/> NO	

4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF NURSING HOME <i>(Please include ZIP Code)</i>	4D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME FEES?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

5. DID YOU RECEIVE WAGES OR WERE YOU EMPLOYED AT ANY TIME DURING THE LAST 12 MONTHS?	6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<i>(If you check "YES," write in the VA File Number of the other benefit):</i>

**REPORT OF INCOME AND NET WORTH**

**NOTE:** If you have no income or net worth from a particular source, write "0" or "none". DO NOT LEAVE ANY ITEMS BLANK.

7A. MONTHLY INCOME <i>(Read Paragraphs 2 and 3 of the EVR Instructions)</i>	
SOURCE	GROSS MONTHLY AMOUNTS
SOCIAL SECURITY	
U.S. CIVIL SERVICE	
U.S. RAILROAD RETIREMENT	
MILITARY RETIREMENT	
BLACK LUNG BENEFITS	
SUPPLEMENTAL SECURITY INCOME (SSI)/PUBLIC ASSISTANCE	
OTHER MONTHLY INCOME <i>(Show Source)</i>	

7B. ANNUAL INCOME <i>(Read Paragraphs 2 and 4 of the EVR Instructions)</i>		
<b>NOTE:</b> If you have no income or net worth from a particular source, write "0" or "none". DO NOT LEAVE ANY ITEMS BLANK.		
SOURCE	THIS YEAR	LAST YEAR
GROSS WAGES FROM ALL EMPLOYMENT		
INTEREST AND DIVIDENDS		
ALL OTHER <i>(Show Source)</i>		
ALL OTHER <i>(Show Source)</i>		
7C. DID ANY INCOME CHANGE <i>(Increase/Decrease)</i> DURING THE PAST 12 MONTHS? <i>(Answer "NO" if there were no income changes or if the only change was a Social Security/VA cost-of-living adjustment. Answer "YES" if there were any other income changes or if you received any NEW source of income or any ONE-TIME income)</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," complete Items 7D through 7F. If "NO," go to Item 7G.)</i>		
7D. WHAT INCOME CHANGED? <i>(Show what income changed; for example, wages, city pension, etc.)</i>	7E. WHEN DID THE INCOME CHANGE? <i>(Show the dates you received any new income or the date income changed)</i>	7F. HOW DID INCOME CHANGE? <i>(Explain what happened; for example, quit work, got raise, received inheritance)</i>
7G. NET WORTH <i>(Read Paragraph 5 of the EVR Instructions)</i>		
<b>NOTE:</b> Complete only if you receive Section 306 Pension. Skip to Item 19A if you receive Old Law Pension.		
SOURCE	SURVIVING SPOUSE	
CASH/NON-INTEREST BEARING BANK ACCOUNTS		
INTEREST BEARING BANK ACCOUNTS		
IRAs, KEOGH PLANS, ETC.		
STOCKS, BONDS, MUTUAL FUNDS, ETC.		
REAL PROPERTY <i>(Not your home)</i>		
ALL OTHER PROPERTY		
8. FAMILY MEDICAL EXPENSES <i>(Read Paragraph 6 of the EVR Instructions)</i>		
<b>NOTE:</b> Skip to Item 9A if you receive Old Law Pension.		
If Paragraph 6 of the EVR Instructions indicates that you should report medical expenses, use VA Form 21P-8416, Medical Expense Report, to report your medical expenses.		
9A. SIGNATURE OF CLAIMANT, CUSTODIAN OR GUARDIAN <i>(Read paragraph 6 of the EVR Instructions before signing)</i>		9B. DATE <i>(MM/DD/YYYY)</i>
10. TELEPHONE NUMBERS <i>(Include Area Code)</i>		
DAYTIME	EVENING	
<b>PENALTY</b> - The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.		