



APPLICATION FOR MONTHLY ASSISTANCE ALLOWANCE FOR VETERANS IN CONNECTION WITH PARALYMPICS AND OLYMPICS IN THE UNITED STATES

PRIVACY ACT: The information requested on this form is solicited under the authority of Title 38, U.S.C., and Sections 1710, 1712, and 1722. It is being collected to enable us to determine your eligibility for benefits and will be used for that purpose. The information you supply may be verified through a computer matching program at any time and information may be disclosed outside the VA as permitted by law. VA may make a routine use disclosure of the information as outlined in the Privacy Act system of records identified as 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary; however, the information is required in order for us to determine your eligibility for the benefit for which you have applied. Failure to furnish the information will have no adverse affect on any other benefits to which you may be entitled.

VA BURDEN STATEMENT: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0760, and it expires 07/31/2024. Public reporting burden for this collection of information is estimated to average 10 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0760 in any correspondence. Do not send your completed VA Form 0918b to this email address.

SECTION A - IDENTIFYING DATA

1. NAME AND MAILING ADDRESS OF APPLICANT 	1A. HAVE YOU RECEIVED A VA-RATING FOR A SERVICE CONNECTED DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. VETERANS SOCIAL SECURITY NO. <i>(Last 4-digits only)</i>	

SECTION B - UNITED STATES PARALYMPICS AND OLYMPICS SPORT TRAINING

3. NAME OF SPORT
4. NAME OF GOVERNING ORGANIZATION
5. LOCATION OF TRAINING

SECTION C - DECLARATION OF DEPENDENT STATUS

VETERAN'S MARRIAGES

6A. HOW MANY TIMES HAVE YOU BEEN MARRIED? <i>(Including current marriage)</i>				
6B. DATE AND PLACE OF MARRIAGE <i>(City, State or Country)</i>	6C. TO WHOM MARRIED <i>(First, middle, last name)</i>	6D. SPOUSE SSN <i>(Last 4-digits only)</i>	6E. HOW MARRIAGE TERMINATED <i>(Death, Divorce)</i>	6F. DATE AND PLACE TERMINATED <i>(City, State or Country)</i>
MOST RECENT MARRIAGE _____ <i>month day year</i> Place:				_____ <i>month day year</i> Place:
PREVIOUS MARRIAGE 1 _____ <i>month day year</i> Place:				_____ <i>month day year</i> Place:
PREVIOUS MARRIAGE 2 _____ <i>month day year</i> Place:				_____ <i>month day year</i> Place:

7. DO YOU LIVE WITH YOUR SPOUSE? *(If "yes", skip to Item 10, if "no", answer Items 8 and 9)*

YES NO

8. WHAT IS YOUR SPOUSE'S ADDRESS?	9. HOW MUCH DO YOU CONTRIBUTE MONTHLY TO YOUR SPOUSES SUPPORT? \$
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VETERAN'S UNMARRIED CHILDREN

Note: In Items 10A through 10I, check all boxes that apply. . If you have more than six dependents that should be listed in Items 10A through 10I, attach all applicable data for the additional dependents on a continuation sheet and submit with the VA Form 0918b.

10A. NAME OF CHILD <i>(first, middle initial, last)</i>	10B. DATE AND PLACE OF BIRTH <i>(city, state or country)</i>	10C. SOCIAL SECURITY NUMBER <i>(Last 4-digits only)</i>	10D. BIO - LOGICAL	10E. ADOPT - ED	10F. STEP - CHILD	10G. 18-23 YRS. OLD AND IN SCHOOL	10H. SERIOUSLY DISABLED	10I. CHILD PREVIOUSLY MARRIED
	_____ <i>mo day yr</i> PLACE:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____ <i>mo day yr</i> PLACE:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____ <i>mo day yr</i> PLACE:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____ <i>mo day yr</i> PLACE:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____ <i>mo day yr</i> PLACE:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____ <i>mo day yr</i> PLACE:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If any of the children listed above don't live with you, complete Items 11A through 11C.

11A. NAME OF CHILD <i>(First, middle initial, last)</i>	11B. CHILD'S COMPLETE ADDRESS	11C. NAME OF PERSON THE CHILD LIVES WITH <i>(If applicable)</i>

12. I hereby certify that the information given above is true and correct to the best of my knowledge and belief.

13A. SIGNATURE OF CLAIMANT <i>(Ink signature required)</i>	13B. DATE SIGNED
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14. TELEPHONE NUMBER	15. E-MAIL ADDRESS
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