



Department of Veterans Affairs

VA FIDUCIARY'S ACCOUNT

FROM	NAME AND ADDRESS OF FIDUCIARY	TO	VA FIDUCIARY HUB
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NAME OF VETERAN <i>(First-Middle-Last)</i>	NAME OF BENEFICIARY <i>(If not veteran)</i>	VA FILE NUMBER C-
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SECTION I - STATEMENT OF ACCOUNT

INSTRUCTIONS: Items 1 through 7 are to be completed by the fiduciary and returned to the VA Fiduciary Hub. Show monthly amount where indicated, in addition to amount for accounting period. Attach detailed monthly financial (bank) statements for the entire accounting period to support the transactions noted on this accounting. IMPORTANT - SEE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION ON PAGE 2.	ACCOUNTING PERIOD
	<div style="width:45%;">FROM</div> <div style="width:45%;">TO</div>

IMPORTANT - The fiduciary must account for all funds received on behalf of the beneficiary as VA fiduciary, representative payee for SSA benefits, or in any other fiduciary capacity. The fiduciary must keep receipts and other documentation of expenses because VA may need to examine them during the audit of this accounting.

1. MONEY RECEIVED				4. ASSETS AT END OF PERIOD*		
ITEM	DESCRIPTION		AMOUNT	ITEM	DESCRIPTION	AMOUNT
A	TOTAL ESTATE AT BEGINNING OF PERIOD		\$	A	TOTAL AMOUNT OF CHECKING ACCOUNT(S)	\$
B	AMOUNT RECEIVED FROM VA	NO. OF MONTHS	MONTHLY AMT.	B	TOTAL AMOUNT OF SAVINGS ACCOUNT(S)	
		NO. OF MONTHS	MONTHLY AMT.	C	TOTAL AMOUNT OF CERTIFICATE(S) OF DEPOSIT	
C	AMOUNT RECEIVED FROM SOCIAL SECURITY	NO. OF MONTHS	MONTHLY AMT.	D	TOTAL PURCHASE PRICE OF SAVINGS BONDS LISTED ON REVERSE <i>(Complete reverse for total in this field)</i>	
		NO. OF MONTHS	MONTHLY AMT.		(1) WERE ADDITIONAL BONDS PURCHASED DURING THIS ACCOUNTING PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
D	INTEREST EARNED ON DEPOSITS				(2) WERE SAVINGS BONDS CASHED DURING THIS ACCOUNTING PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
E	AMOUNT RECEIVED FROM OTHER SOURCES <i>(List in Items 1E thru 1H)</i>			E	OTHER <i>(List outstanding checks or other issues that impact the total assets.)</i>	
F						
G						
H						
I	*TOTAL RECEIVED (ADD LINES 1A THRU 1H)		\$			
2. MONEY SPENT				5. TOTAL ASSETS <i>(MUST EQUAL ITEM 3)</i>		
A	ROOM AND BOARD/RENT	NO. OF MONTHS	MONTHLY AMT.			\$
B	CLOTHING				6. REMARKS <i>(If needed you may attach additional sheets and key responses to item numbers.)</i>	
C	ENTERTAINMENT					
D	PERSONAL USE	NO. OF MONTHS	MONTHLY AMT.			
E	DEPENDENT (S) SUPPORT	NO. OF MONTHS	MONTHLY AMT.			
F	FIDUCIARY FEE IF APPROVED BY VA					
G	OTHER <i>(Specify)</i>					
H						
I						
J						
K						
L						
M	TOTAL SPENT (ADD LINES 2A THRU 2L)		\$			
3. TOTAL FUNDS UNDER MANAGEMENT AT END OF PERIOD <i>(SUBTRACT 2M FROM 1I)</i>						
			\$			

* NOTE: Pursuant to my signed Fiduciary Agreement (VA Form 21P-4703), this is a complete accounting of all funds I received for the beneficiary.
 I CERTIFY THAT this is a true account of the beneficiary's estate for the period stated, to the best of my knowledge and belief.

7. DATE	8. SUBMITTED BY <i>(Signature and title of fiduciary) (Sign in ink)</i>
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9. BACKGROUND INFORMATION

Answer the questions below if you are an individual appointed to serve as fiduciary for the beneficiary named on page 1 of this form. The questions pertain to your personal criminal and credit history. Failure to provide a response may impact your ability to serve as a VA fiduciary.

You are not required to respond to these questions if you are serving as VA fiduciary in one of the following capacities for the beneficiary named on the reverse:

- administrator of a facility
- company or corporation

I certify that during this accounting period, I have not been convicted of any offense under Federal or State law, which resulted in imprisonment for more than one year. I understand the Department of Veterans Affairs may obtain my criminal background history to verify my response. Initial the box below to certify and acknowledge this information.

I certify that during this accounting period, I did not default on a debt, was not the subject of collection action by a creditor and did not file bankruptcy. To the best of my knowledge, no adverse credit information was reported to a credit bureau because I was unable to meet my personal financial obligations. I understand the Department of Veterans Affairs may obtain my credit history report to verify my response. Initial the box below to certify and acknowledge this information.

10. EXPLANATION OF BACKGROUND INFORMATION (If necessary)

LINE NO.	SERIAL NUMBER	DATE OF PURCHASE	PURCHASE PRICE	LINE NO.	SERIAL NUMBER	DATE OF PURCHASE	PURCHASE PRICE
1.				6.			
2.				7.			
3.				8.			
4.				9.			
5.				10.			

SECTION II - CERTIFICATION OF U.S. SAVINGS BONDS

I CERTIFY THAT the savings bonds listed above are the property of the estate of the beneficiary and are in my custody and control.

SIGNATURE OF FIDUCIARY (Sign in ink)	DATE
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PRIVACY ACT INFORMATION: The VA will not disclose information on the form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.526 for routine uses (i.e. request from Congressman on behalf of a beneficiary) as identified in the VA system of records, 37VA27, VA Supervised Fiduciary/Beneficiary and General Investigative Records, published in the Federal Register. You are required to respond (38 U.S.C. 5701) to obtain or retain benefits. The information will be used to ensure the proper administration of the beneficiary's income and estate. Failure to furnish the requested information may result in the suspension of payments and/or the appointment of a successor fiduciary.

RESPONDENT BURDEN: 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 2900-0017, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 27 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. 2900-0017 in any correspondence. Do not send your completed VA Form 21P-4706b to this email address.