OMB Approved No. 2900-0500
Respondent Burden: 10 Minutes
Expiration Date: XX/XX/20XX

VA U.S. Department of Veterans Affairs

MANDATORY VERIFICATION OF DEPENDENTS

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 2. We use this form to determine continued eligibility to the additional allowance for dependents. For more information, contact us at Ask VA: https://ask.va.gov/, or call us toll-free at 1-800-827-1000 (TTY: 711). VA forms are available at www.va.gov/vaforms. After completing the form, mail to: **Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Janesville, WI 53547- 4444.**

SECTION I: VETERAN'S IDENTIFICATION INFORMATION

NOTE: You *may* complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, insert one letter per box, and completely fill in each applicable check box to help expedite processing of the form.

1. VETERAN'S NAME *(First, Middle Initial, Last)*

2. SOCIAL SECURITY NUMBER — —

3. VA FILE NUMBER (Optional)

4. DATE OF BIRTH *(MM/DD/YYYY)* — —

5. CURRENT MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. & Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code —

6. TELEPHONE NUMBER *(Include Area Code)* — —

Enter International Phone Number (If applicable)

7. E-MAIL ADDRESS ☐ I agree to receive electronic correspondence from VA in regards to my claim.

SECTION II: STATUS CERTIFICATION

8. HAS THE STATUS OF YOUR DEPENDENT(S) CHANGED? ☐ YES ☐ NO

- If "Yes," complete the section below that refers to the dependent(s) whose status has changed.
- If "No," sign this form (Section V) and disregard the remaining sections of this form.

NOTE: If you have additional dependents not listed on the letter attached to this form, complete and submit VA Form 21-686c, *Application Request to Add and/or Remove Dependents*, and if claiming a child aged 18-23 years and in school, complete VA Form 21-674, *Request for Approval of School Attendance*. VA forms are available at **www.va.gov/vaforms**.

SECTION III: CHANGE IN SPOUSE STATUS

9. HOW DID STATUS CHANGE?

☐ MARRIAGE ENDED	DATE ENDED (MM/DD/YYYY): — —	REASON MARRIAGE ENDED ☐ ANNULMENT ☐ DIVORCE ☐ DECLARED VOID
☐ DEATH	DATE OF DEATH (MM/DD/YYYY): — —	

SECTION IV: CHANGE IN CHILD(REN)'S STATUS

NOTE: If your child has been adopted out of your family, input the date the adoption was finalized. If you have more than four children whose status has changed, use a separate VA Form 21-0538.

10A. CHILD'S NAME

10B. HOW STATUS CHANGED

☐ DEATH OF CHILD	DATE OF DEATH (MM/DD/YYYY): — —	
☐ MARRIAGE OF CHILD	DATE OF MARRIAGE (MM/DD/YYYY): — —	
☐ ADOPTION OUT OF FAMILY	DATE OF ADOPTION (MM/DD/YYYY): — —	

NOTE: Do not fill in the next check box if you live apart from the stepchild but are still providing at least half of the child's support or if you live apart from the stepchild because of medical reasons or because you or the child are incarcerated, attending school, or fulfilling a military service obligation.

☐ STEPCHILD IS NO LONGER A MEMBER OF HOUSEHOLD	LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (MM/DD/YYYY): — —

VETERAN'S SOCIAL SECURITY NUMBER ___ – ___ – ____

SECTION IV: CHANGE IN CHILD(REN)'S STATUS (CONTINUED)

11A. CHILD'S NAME

11B. HOW STATUS CHANGED

☐ DEATH OF CHILD	DATE OF DEATH (MM/DD/YYYY): __ – __ – ____
☐ MARRIAGE OF CHILD	DATE OF MARRIAGE (MM/DD/YYYY): __ – __ – ____
☐ ADOPTION OUT OF FAMILY	DATE OF ADOPTION (MM/DD/YYYY): __ – __ – ____

NOTE: Do not fill in the next check box if you live apart from the stepchild but are still providing at least half of the child's support or if you live apart from the stepchild because of medical reasons or because you or the child are incarcerated, attending school, or fulfilling a military service obligation.

☐ STEPCHILD IS NO LONGER A MEMBER OF HOUSEHOLD	LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (MM/DD/YYYY): __ – __ – ____

12A. CHILD'S NAME

12B. HOW STATUS CHANGED

☐ DEATH OF CHILD	DATE OF DEATH (MM/DD/YYYY): __ – __ – ____
☐ MARRIAGE OF CHILD	DATE OF MARRIAGE (MM/DD/YYYY): __ – __ – ____
☐ ADOPTION OUT OF FAMILY	DATE OF ADOPTION (MM/DD/YYYY): __ – __ – ____

NOTE: Do not fill in the next check box if you live apart from the stepchild but are still providing at least half of the child's support or if you live apart from the stepchild because of medical reasons or because you or the child are incarcerated, attending school, or fulfilling a military service obligation.

☐ STEPCHILD IS NO LONGER A MEMBER OF HOUSEHOLD	LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (MM/DD/YYYY): __ – __ – ____

13A. CHILD'S NAME

13B. HOW STATUS CHANGED

☐ DEATH OF CHILD	DATE OF DEATH (MM/DD/YYYY): __ – __ – ____
☐ MARRIAGE OF CHILD	DATE OF MARRIAGE (MM/DD/YYYY): __ – __ – ____
☐ ADOPTION OUT OF FAMILY	DATE OF ADOPTION (MM/DD/YYYY): __ – __ – ____

NOTE: Do not fill in the next check box if you live apart from the stepchild but are still providing at least half of the child's support or if you live apart from the stepchild because of medical reasons or because you or the child are incarcerated, attending school, or fulfilling a military service obligation.

☐ STEPCHILD IS NO LONGER A MEMBER OF HOUSEHOLD	LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (MM/DD/YYYY): __ – __ – ____

SECTION V: CERTIFICATION AND SIGNATURE

I HEREBY CERTIFY THAT the information I have given on this form is true and correct to the best of my knowledge and belief.

14A. SIGNATURE OF VETERAN ***(REQUIRED)***	14B. DATE SIGNED (MM/DD/YYYY) __ – __ – ____

PENALTY - 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 to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

PRIVACY ACT NOTICE: The VA will not disclose information collected on this 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., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. You must give us your and your dependents SSN account information. Applicants are required to provide their SSN and the SSN of any dependents for whom benefits are claimed under Title 38 U.S.C. 5101 (c) (1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

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 2900-0500, and it expires XX/XX/20XX. 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 **vapra@va.gov**. Please refer to OMB Control No. 2900-0500 in any correspondence. Do not send your completed VA Form 21-0538 to this email address.