

SAMPLE SURVIVING SPOUSE EVR NO Children

OMB No. 2900-0007
 Regularly Scheduled Review

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN JOSEPH A. VETERAN		 Department of Veterans Affairs IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT (SURVIVING SPOUSE WITH NO CHILDREN) 8
FIRST NAME - MIDDLE NAME - LAST NAME OF SURVIVING SPOUSE VIRGINIA FAYE VETERAN		
COMPLETE MAILING ADDRESS OF SURVIVING SPOUSE 123 Main St. Apt. 3 YourTown WI 53201		
		VA FILE NUMBER 123 45 6789
		VA REGIONAL OFFICE RETURN ADDRESS VA PENSION CENTER PO BOX 342000 MILWAUKEE, WI 53234-9907

IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21-0510) prior to completing this form.

1A. YOUR SOCIAL SECURITY NUMBER 234 56 7890	1B. VETERAN'S SOCIAL SECURITY NUMBER 123 45 6789
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1C. YOUR DATE OF BIRTH (Mo., day, yr.)
3-15-1923

2. YOUR MARITAL STATUS (Check only 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) 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 THE VETERAN DIED BUT THE MARRIAGE ENDED BY DEATH OR DIVORCE ON _____ (You remarried but you are not currently married. Show the date your latest marriage ended.)

3. NUMBER OF UNMARRIED, DEPENDENT CHILDREN (See Paragraph 1 of the EVR Instructions)

IN YOUR CUSTODY 0 NOT IN YOUR CUSTODY 0

AMOUNT CONTRIBUTED DURING PAST 12 MONTHS TO CHILDREN NOT IN YOUR CUSTODY \$ _____

4A. ARE YOU A PATIENT IN A NURSING HOME? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes", Complete Items 4B thru 4D. If "No", go to Item 5.)	4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF NURSING HOME (Please include Zip Code) MORNING GLORY CENTER 123 Main St YourTown WI 53201
4B. SHOW THE DATE YOU ENTERED THE NURSING HOME 4/1/07	
4D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME FEES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

5. DID YOU RECEIVE ANY WAGES OR WERE YOU EMPLOYED AT ANY TIME DURING THE PAST 12 MONTHS?
 YES NO

6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE?
 YES NO (If "Yes", write in the VA file number of the other benefit.)

7A. MONTHLY INCOME (Read Paragraphs 2 and 3 of the EVR Instructions)

If no income or net worth was received from a particular source, write "0" or "none". DO NOT LEAVE ANY ITEMS BLANK.

SOURCE	SURVIVING SPOUSE	
SOCIAL SECURITY	\$	550.00
U.S. CIVIL SERVICE		0.00
U.S. RAILROAD RETIREMENT		0.00
MILITARY RETIREMENT - SURVIVORS		1,000.00
OTHER (Show Source)		0.00
OTHER (Show Source)		0.00

7B. ANNUAL INCOME (Read Paragraphs 2 and 4 of the EVR Instructions)

If no income was received from a particular source, write "0" or "none". DO NOT LEAVE ANY ITEMS BLANK.

NOTE: Report annual income for the dates indicated. If no dates are shown above the columns that follow, then report last calendar year (January through December) income in the left-hand column and current calendar year income in the right-hand column.

SOURCE	FROM: THRU:	FROM: THRU:
	1/1/09 12/31/09	1/1/10 12/31/10
GROSS WAGES FROM ALL EMPLOYMENT	\$ 0.00	\$ 0.00
TOTAL INTEREST AND DIVIDENDS	5.00	16.00
ALL OTHER (Show Source)	0.00	0.00
ALL OTHER (Show Source)	0.00	0.00

7C. DID ANY INCOME CHANGE (Increase/Decrease) DURING PAST 12 MONTHS? (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)

YES NO (If "YES", complete Items 7D through 7F. If "NO", go to Item 7G.)

7D. WHAT INCOME CHANGED? (Show what income changed, for example, wages, city pension, etc.)	7E. WHEN DID THE INCOME CHANGE? (Show the dates you received any new income or the date income changed)	7F. HOW DID INCOME CHANGE? (Explain what happened; for example, quit work, got raise, received inheritance)
SSA/MILITARY	1/09	COLA'S

7G. NET WORTH (Read Paragraph 5 of the EVR Instructions)

SOURCE	SURVIVING SPOUSE	
CASH/NON- INTEREST-BEARING BANK ACCOUNTS	\$	1,000.00
INTEREST-BEARING BANK ACCOUNTS		1,000.00
IRA'S, KEOGH PLANS, ETC.		0.00
STOCKS, BONDS, MUTUAL FUNDS, ETC.		0.00
REAL PROPERTY (Not your home)		0.00
ALL OTHER PROPERTY		0.00

8. FAMILY MEDICAL EXPENSES (Read Paragraph 6 of the EVR Instructions)

Normally, medical expenses are reported at the end of the year. If you are using this form as your annual Eligibility Verification Report and Paragraph 6 of the EVR Instructions indicates that you should report medical expenses, use VA Form 21-8416, Medical Expense Report, to report your medical expenses. If you are using this form as a supplement to a pending claim, you do not need to report medical expenses. If entitlement is established, you will have an opportunity to report your medical expenses at the end of the year.

9. SURVIVING SPOUSE'S EDUCATIONAL AND VOCATIONAL REHABILITATION EXPENSES (Read Paragraph 7 of the EVR Instructions). Show amounts paid by you during the past 12 months. DO NOT REPORT CHILDREN'S EXPENSES.	\$ 0.00
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10A. SIGNATURE OF PAYEE (Read paragraph 9 of the EVR Instructions before signing) Virginia J. Utkar	10B. DATE SIGNED 3/31/10
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10C. TELEPHONE NUMBERS (Include Area Code)

DAYTIME (414) 123-4567	EVENING (414) 123 4567
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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 is false, or fraudulent acceptance of any payment to which you are not entitled.