

SAMPLE VETERAN EVR with Children

Read this form in 40 minutes

FIRST, MIDDLE, LAST NAME OF VETERAN JOSEPH A. VETERAN		Department of Veterans Affairs IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT (VETERAN WITH CHILDREN) 7					
YOUR COMPLETE MAILING ADDRESS 123 Main Street Apt. 1 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 123 45 6789		1B. YOUR SPOUSE'S SOCIAL SECURITY NUMBER 234 56 7890					
1C. FIRST, MIDDLE, LAST NAME OF SPOUSE VIRGINIA FAYE VETERAN		1D. SPOUSE'S DATE OF BIRTH (Mo., day, yr.) 3-15-1923					
2. MARITAL STATUS (Check only one box)							
(1) <input checked="" type="checkbox"/> MARRIED-LIVING WITH SPOUSE (You are legally married and you live with your spouse or are separated for medical reasons.)							
(2) <input type="checkbox"/> MARRIED-NOT LIVING WITH SPOUSE (You are legally married but separated from your spouse.) Show the amount you contributed to your spouse's support during the past 12 months \$ _____ If you separated within the last 12 months, show the date of separation _____							
(3) <input type="checkbox"/> NOT MARRIED (You have never married or are now divorced or widowed.) If your marriage ended within the last 12 months, show the date of divorce or death _____							
3A. UNMARRIED DEPENDENT CHILDREN (Read Paragraph 1 of the EVR Instructions, VA Form 21-0510)							
FULL NAME OF EACH CHILD (First, middle initial, last)		DATE OF BIRTH (Mo., day, yr.)		SOCIAL SECURITY NUMBER		PLEASE CHECK ONE (X)	
AMELLA F VETERAN		5/1/2007		345 67 8901		UNDER 18 YEARS OF AGE <input checked="" type="checkbox"/> OVER 18 AND UNDER 23, AND ATTENDING SCHOOL <input type="checkbox"/> ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS <input type="checkbox"/>	
WILLIAM G VETERAN		9-15-2005		456 78 9012		UNDER 18 YEARS OF AGE <input checked="" type="checkbox"/> OVER 18 AND UNDER 23, AND ATTENDING SCHOOL <input type="checkbox"/> ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS <input type="checkbox"/>	
_____		_____		_____		UNDER 18 YEARS OF AGE <input type="checkbox"/> OVER 18 AND UNDER 23, AND ATTENDING SCHOOL <input type="checkbox"/> ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS <input type="checkbox"/>	
3B. UNMARRIED DEPENDENT CHILDREN LISTED IN ITEM 3A WHO DO NOT LIVE WITH YOU							
NAME OF EACH CHILD		CHILD'S COMPLETE ADDRESS		NAME OF PERSON CHILD LIVES WITH (If Applicable)		MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT	
AMELLA F. VETERAN		289 Main St YourTown WI 53201		Margaret Smith		\$ 500.00	
WILLIAM G. VETERAN		289 Main St YourTown WI 53201		Margaret Smith		\$ 500.00	
_____		_____		_____		\$ _____	
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. (414) 123-4567 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 EITHER YOU OR YOUR SPOUSE RECEIVE ANY WAGES OR WERE EITHER OF YOU EMPLOYED AT ANY TIME DURING THE PAST 12 MONTHS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)

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

SOURCE	VETERAN	SPOUSE	CHILD: Amelia	William
SOCIAL SECURITY	\$ 550.00	\$ 450.00	\$ 400.00	400.00
U. S. CIVIL SERVICE	0.00	0.00	0.00	0.00
U. S. RAILROAD RETIREMENT	0.00	0.00	0.00	0.00
BLACK LUNG BENEFITS	0.00	0.00	0.00	0.00
MILITARY RETIREMENT	1,500.00	0.00	0.00	0.00
OTHER (Show Source)	0.00	0.00	0.00	0.00
OTHER (Show Source)	0.00	0.00	0.00	0.00
OTHER (Show Source)	0.00	0.00	0.00	0.00

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

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.

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

SOURCE	VETERAN		SPOUSE		CHILD: both	
	FROM: 1/1/09 THRU: 12/31/09	FROM: 1/1/10 THRU: 12/31/10	FROM: 1/1/09 THRU: 12/31/09	FROM: 1/1/10 THRU: 12/31/10	FROM: 1/1/09 THRU: 12/31/09	FROM: 1/1/10 THRU: 12/31/10
GROSS WAGES FROM ALL EMPLOYMENT	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL INTEREST AND DIVIDENDS	5.00	10.00	5.00	10.00	1.00 ea.	1.00 ea.
ALL OTHER (Show Source)	0.00	0.00	0.00	0.00	0.00	0.00
ALL OTHER (Show Source)	0.00	0.00	0.00	0.00	0.00	0.00

7C. DID ANY INCOME CHANGE (Increase/Decrease) DURING THE 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 (all)	1/09	COLA
MILITARY PAY	1/09	COLA

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

SOURCE	VETERAN	SPOUSE	CHILD: Amelia/William
CASH/NON- INTEREST-BEARING BANK ACCOUNTS	\$ 500.00	\$ 500.00	\$ 0.00 0.00
INTEREST-BEARING BANK ACCOUNTS	500.00	500.00	10.00 11.00
IRA'S, KEOGH PLANS, ETC.	0.00	0.00	0.00 0.00
STOCKS, BONDS, MUTUAL FUNDS, ETC.	0.00	0.00	0.00 0.00
REAL PROPERTY (Not your home)	0.00	0.00	0.00 0.00
ALL OTHER PROPERTY	0.00	0.00	0.00 0.00

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

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. 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. VETERAN'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 DEPENDENTS' EXPENSES. \$ 0.00

10. FAMILY MAINTENANCE (Hardship) EXPENSES FOR THE NEXT 12 MONTHS (Read Paragraph 8 of the EVR Instructions). Complete ONLY IF VA is currently excluding children's income on the grounds of hardship. Show total family expenses expected for the next 12 months. \$ 0.00

11A. SIGNATURE OF VETERAN (Read Paragraph 9 of the EVR Instructions before signing) *Joseph A. Vetter* 11B. DATE SIGNED 3/31/10

11C. TELEPHONE NUMBERS (Include Area Code)

DAYTIME (414) 123-4567 EVENING (414) 123-4567

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.