OMB Approved No. 2900-0500 Respondent Burden: 10 Minutes Expiration Date: 02/29/2024

## **Department of Veterans Affairs**

MANDATORY VERIFICATION OF DEPENDENTS

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 <a href="https://iris.custhelp.va.gov">https://iris.custhelp.va.gov</a>, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711. VA forms are available at <a href="https://www.va.gov/vaforms">www.va.gov/vaforms</a>. After completing the form, mail to: Department of Veterans Affairs, Evidence Intake Center, B.O. Box 4444, Janosville, WI 57547, 4444.

**VA DATE STAMP** (DO NOT WRITE IN THIS SPACE)

Evidence intake Cent	er, P.O. BOX 4444	4, Janesville,	VVI 53547 - 4444.						
SECTION I: VETERAN'S IDENTIFICATION INFORMATION									
<b>NOTE</b> : You <i>may</i> 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 circle to help expedite processing of the form.									
1. VETERAN'S NAME (First, Middle Initial, Last)									
2. SOCIAL SECURITY NUMBER 3.			3. VA FILE NUMBER (	3. VA FILE NUMBER (If applicable)			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	Oity	ZIP Code/Postal C	- 4 -					
		,				<del>-</del>			
6.TELEPHONE NUMBER	(Include Area Code	)	7. E-MAIL ADD	RESS ( ) I agree to	receive o	electronic corresponden	nce from VA in regards to my claim.		
Enter International Phone	Number								
(If applicable)	Number								
			SECTION II: STAT	US CERTIFICATIO	N				
8. HAS THE STATUS OF	F YOUR DEPENDE	NT(S) CHANGE	D? YES (	○ NO					
<ul> <li>If "Yes," complete the section below that refers to the dependent(s) whose status has changed.</li> <li>If "No," sign this form (Section V) and disregard the remaining sections of this form.</li> </ul>									
							Request to Add and/or Remove		
www.va.gov/vaforms.	ing a child aged 18-2	23 years and in s	scnooi, complete VA Forr	n 21-674, Request for	r Approva	i of School Attendance.	VA forms are available at		
SECTION III: CHANGE IN SPOUSE STATUS									
9. HOW DID STATUS CHANGE?									
	DATE ENDED (N	DATE ENDED (MM/DD/YYYY): REA			EASON MARRIAGE ENDED				
MARRIAGE ENDED	_	_		Annulment		Divorce	Openied Void		
○ DEATH	DATE OF DEAT	DATE OF DEATH (MM/DD/YYYY): — —							
		SEC	TION IV: CHANGE I	N CHILD(REN)'S 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									
O DEATH OF CHILD									
MARRIAGE OF CHILD DATE OF MARRIAGE (MM/D			GE (MM/DD/YYYY):			_			
ADOPTION OUT OF FAMILY DA		ATE OF ADOPTION (MM/DD/YYYY):							
NOTE: Do not fill in the next circle 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.									
modical reasons of because you of the child a		LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (MM/DD/YYYY):							
STEPCHILD IS NO LONGER		LAGI DATE STEL STILL WAS A WILWIDLIX OF HOUSEHOLD (WIW/DD/TTTT).							
A MEMBER OF HOL		,							

SECTION IV: CHANGE IN CHILD(REN)'S STATUS (CONTINUED)									
11A. CHILD'S NAME									
11B. HOW STATUS CHANGED									
O DEATH OF CHILD	DATE OF DEATH (MM/DD/YYYY):								
MARRIAGE OF CHILD	DATE OF MARRIAGE (MM/DD/YYYY):								
	DATE OF ADOPTION (MM/DD/YYYY):								
NOTE: Do not fill in the next circle 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	LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (MM/	DD/YYYY):							
A MEMBER OF HOUSEHOLD									
12A. CHILD'S NAME									
	12B. HOW STATUS CHANGED								
O 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 circle 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	LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (MM	I/DD/YYYY):							
A MEMBER OF HOUSEHOLD									
13A. CHILD'S NAME									
40D HOWOTATUS CHANGES									
0	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 circle 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	LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (MM,	/DD/YYYY):							
A MEMBER OF HOUSEHOLD									
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 (R	EQUIRED)	14B. DATE	SIGNED (MM/DD/YYYY)						
<b>PENALTY</b> - 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: We need this information to determine continued eligibility for an additional allowance for your spouse and/or child(ren). 38 U.S.C. 1115, Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet page at <a href="https://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a> If desired, you may call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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