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

Departm	nent of Ve	VA DATE STAMP (DO NOT WRITE IN THIS SPACE)							
MAND	ATORY VE								
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 https://iris.custhelp.va.gov , 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 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 circle to help expedite processing of the form.									
1. VETERAN'S NAME (First, Middle Initial, Last)									
2. SOCIAL SECURITY NUMBER 3. VA F			3. VA FILE NUMBER (ILE 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		ZIP Code/Postal Co	ode	-				
6.TELEPHONE NUMBER	(Include Area Code	RESS 🔿 I agree to receive	electronic correspondence from VA in regards to my clai						
Enter International Phone N (If applicable)	Number								
(in applicable)			SECTION II: STAT	US CERTIFICATION					
8. HAS THE STATUS OF YOUR DEPENDENT(S) CHANGED? O YES O 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, <i>Application Request to Add and/or Remove Dependents</i> , and if claiming a child aged 18-23 years and in school, complete VA Form 21-674, <i>Request for Approval of School Attendance</i> . VA forms are available at www.va.gov/vaforms .									
		S		E IN SPOUSE STATUS					
9. HOW DID STATUS CHANGE?									
	DATE ENDED (N	/M/DD/YYYY):		REASON MARRIAGE ENDED					
	_	_		Annulment	C Divorce C Declared Void				
◯ DEATH	DATE OF DEATH (MM/DD/YYYY):								
		SEC	TION IV: CHANGE I	N CHILD(REN)'S STATU	3				
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/)			(MM/DD/YYYY):	_	_				
MARRIAGE OF CHILD DATE C		E OF MARRIAGE (MM/DD/YYYY):		_	_				
	TE OF ADOPTI	E 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.									
LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (MM/DD/YYYY):									
C STEPCHILD IS NO L A MEMBER OF HOU									

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):	_	-						
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.									
	LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (M	IM/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):								
	live apart from the stepchild but are still providing at least half of th		u live apart from the stepchild because						
of medical reasons or because you or	the child are incarcerated, attending school, or fulfilling a military server LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (M	5							
STEPCHILD IS NO LONGER A MEMBER OF HOUSEHOLD		viivi <i>,</i> bo, i i i i j.							
13A. CHILD'S NAME									
	13B. 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.									
	LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (M								
C STEPCHILD IS NO LONGER A MEMBER OF HOUSEHOLD									
	SECTION V: CERTIFICATION AND SIGN	ATURE							
I HEREBY CERTIFY THAT the inform	ation I have given on this form is true and correct to the best of my kr	nowledge and belief.							
14A. SIGNATURE OF VETERAN (RI	14B. DATE S	IGNED (MM/DD/YYYY)							
	.								
PENALTY - The law provides severe p knowing it to be false, or for the fraudu	ubmission of any stateme	ent or evidence of a material fact,							
 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 SNN 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 									

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United States Code, allows us to ask for 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 the 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 <u>www.reginfo.gov/public/do/PRAMain</u> If desired, you may call 1-800-827-1000 to get information on where to send comments or suggestions about this form.