FIRST, MIDDLE, LAST NAME OF VETERAN			Department of Veterans Affairs							
			IMPROVED PENSION ELIGIBILITY							
				VERIFICATION REPORT (VETERAN WITH CHILDREN) 7						
YOUR COMPLETE MAILING ADDRESS			VA FILE NUMBER							
				VA REGIONAL OFFICE RETURN ADDRESS						
FEES FOR CLAIMS - Section 5904, Title 38, Uni may be charged, allowed, or paid for services provid with respect to a claim for benefits under laws admin further review of a claim for VA benefits only after attorney and the fee agreement requirements.	led by a VA-accredited a istered by the Departmen VA has issued an initial	ttorney or agen t. Generally, a decision on the	t in connect VA-accredite claim and	tion with a pi ted attorney c	occeeding before the Dep or agent may charge you	partment of Veterans Affairs a fee for assisting in seeking				
IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21P-0510) prior to completing this 1A. YOUR SOCIAL SECURITY NUMBER				1B. YOUR SPOUSE'S SOCIAL SECURITY NUMBER						
1C. FIRST, MIDDLE, LAST NAME OF SPOUSE				1D. SPOUSE'S DATE OF BIRTH (Mo., day, yr.)						
2. MARITAL STATUS (Check only one box)										
(1) ARRIED-LIVING WITH SPOUSE (Ye	ou are legally married	and you live	with your s	spouse or ai	re separated for medic	cal reasons.)				
			arated from	n your spou	se.) Show the amoun	t				
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) NOT MARRIED (You have never married or are now divorced or widowed.) If your marriage ended within the last 12 months, 										
(3) NOT MARRIED (You have never marr show the date of divorce or death		eu or widowed	<i>i.)</i> II your i	namage en		nonuis,				
3A. UNMARRIED DEPENDENT CHILDREN (Re	ead Paragraph 1 of the	EVR Instruc	tions, VA l	Form 21P-0						
FULL NAME OF EACH CHILD (First, middle initial, last)	DATE OF BIRTH (Mo., day, yr.)	SOCIAL SE		UNDER 18 YEARS OF	PLEASE CHECH OVER 18 AND UNDER 23, AND ATTENDING	ANY AGE PERMANENTLY				
				AGE	SCHOOL	OR PHYSICAL REASONS				
3B. UNMARRIED DEPENDENT CHILDREN LIS	TED IN ITEM 3A WHO	DO NOT LIV	E WITH Y	OU	•	1				
NAME OF EACH CHILD	NAME OF EACH CHILD CHILD'S COMPLETE ADDRESS			NAME OF CHILD LIV (If Appl	'ES WITH	MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT				
						\$				
						·				
						\$				
						\$				
4A. ARE YOU A PATIENT IN A NURSING HOME?				4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF NURSING HOME (Please include Zip Code)						
Second Se	4B thru 4D. If "No," g	go to Item 5.)			x	1 /				
4B. SHOW THE DATE YOU ENTERED THE NU	JRSING HOME									
4D. DOES MEDICAID COVER ALL OR PART O	OF YOUR NURSING H	OME FEES?								
5. DID EITHER YOU OR YOUR SPOUSE RECI PAST 12 MONTHS?	EIVE ANY WAGES OR	WERE EITH	ER OF YO	U EMPLOY	ED AT ANY TIME DU	RING THE				
6. DO YOU RECEIVE ANY OTHER VA BENEF	ITS AS A VETERAN P	ARENT. OR S	SURVIVIN	G SPOUSF	?					
\square YES \square NO (If "Yes," write in the VA										
VA FORM JUL 2021 21P-0517-1	SUPERSEDES VA FO	DRM 21P-0517-	1, JUN 2018	3,		Page 1				

GROSS MONTHLY AMOUN	7A. MOI	NTHLY INCC	ME (Read	<u>d Paragraphs 2</u> r source write "0	<u>and 3</u>	of the EVR In	istructi L INTER	ons) PRET A BI	I ANK SPAC	E AS "NONE" or "0")	
SOURCE		VETERAN		SPOUSE			CHILD				
SOCIAL SECURITY	\$			\$				\$			
U. S. CIVIL SERVICE	Ŷ			Ψ				Ψ			
U. S. RAILROAD RETIRE											
BLACK LUNG BENEFITS											
MILITARY RETIREMENT											
OTHER (Show Source)											
, , , , , , , , , , , , , , , , , , , ,	OTHER (Show Source)										
OTHER (Show Source)											
NOTE: Report annual in	7B. ANNUAL INCOME (<i>Read Paragraphs 2 and 4 of the EVR Instructions</i>) NOTE: Report annual income for the dates indicated. If no dates are shown above the columns that follow, then report last calendar year (<i>January</i>)										
<i>through December</i>) 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". VA WILL INTERPRET A BLANK SPACE AS "NONE" or "0."											
It no income was receive)" or "none					1			
		RAN				USE		CHILD:		5001	
SOURCE	FROM: THRU:	FROM: THRU:		FROM: THRU:		FROM:		FROM:		FROM: THRU:	
GROSS WAGES FROM	-	_		-		THRU:		THRU:			
ALL EMPLOYMENT	\$	\$	\$			\$		\$		\$	
TOTAL INTEREST AND DIVIDENDS											
ALL OTHER (Show Source)											
ALL OTHER (Show Source)											
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											
7D. WHAT INCOME CHANGED? (Show what income changed, for example, wages, city pension, etc.) 7E. WHI				ates you received any new income or the date income changed)				pened; for	V DID INCOME CHANGE? (Explain what ened; for example, quit work, got raise, received inheritance)		
	7	G. NET WO	RTH (Rea	d Paragraph 5	of the	EVR Instruct	ions)				
SOURCE			VETERAN			SPOUSE		CHILD:			
CASH/NON- INTEREST-BEARING BANK ACCOUNTS			\$		\$	\$		\$			
INTEREST-BEARING BANK ACCOUNTS											
IRA'S, KEOGH PLANS, I	ETC.										
STOCKS, BONDS, MUTUAL FUNDS, ETC.											
REAL PROPERTY (Not your home)											
ALL OTHER PROPERTY											
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 21P-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 (<i>Read Paragraph 7 of the EVR</i> <i>Instructions</i>) Show amounts paid by you during the past 12 months. DO NOT REPORT DEPENDENTS' EXPENSES.											
10. FAMILY MAINTENANCE (<i>Hardship</i>) EXPENSES FOR THE NEXT 12 MONTHS (<i>Read Paragraph 8 of the EVR</i> 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.											
11A. SIGNATURE OF VETERAN (Read paragraph 9 of the EVR Instructions before signing) 11B. DATE SIGNED											
	11C. TELEPHONE NUMBERS (Include Area Code)										
DAYTIME				EVEN	IING						
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.											