OMB Approved No. 2900-0101 Respondent Burden: 30 minutes

IMPROVED PENSION ELIGIBILITY VERTIFICATION REPORT (INVINIOR SPOUSE WITH NO CHILDREN) 8 VA FILE NUMBER COMPLETE MAILING ADDRESS OF SURVIVING SPOUSE VA REGIONAL OFFICE RETURN ADDRESS VA REG	FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN	Department of Veterans Affairs					
FIRST NAME - MIDDLE NAME - LAST NAME OF SURVIVING SPOUSE VERIFICATION REPORT SURVIVING SPOUSE WITH NO CHILDREN) VA FILE NUMBER VA REGIONAL OFFICE RETURN ADDRESS IMPORTANT - Please read the enclosed EVR instructions (VA Form 21-0510) prior to completing this form. 14. YOUR SOCIAL SECURITY NUMBER 15. VETERAN'S SOCIAL SECURITY NUMBER 16. VETERAN'S SOCIAL SECURITY NUMBER 17. VETERAN'S SOCIAL SECURITY NUMBER 18. VETERAN'S SOCIAL SECURITY NUMBER 19. VETERAN'S SOCIAL SECURITY NUMBER 10. VETERAN'S SOCIAL SECURITY NUMBER 11. VETERAN'S SOCIAL SECURITY NUMBER 12. VETERAN'S SOCIAL SECURITY NUMBER 13. VETERAN'S SOCIAL SECURITY NUMBER 14. VETERAN'S SOCIAL SECURITY NUMBER 15. VETERAN'S SOCIAL SECURITY NUMBER 16. VETERAN'S SOCIAL SECURITY NUMBER 17. VETERAN'S SOCIAL SECURITY NUMBER 18. VETERAN'S SOCIAL SECURITY NUMBER 19. VETERAN'S SOCIAL SECURITY NUMBER 10. VETERAN'S SOCIAL SECURITY NUMB							
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□yes □no	TYES TNO						
	5. DID YOU RECEIVE ANY WAGES OR WERE YOU EMPLOYED AT ANY TIME DURING THE PAST 12 MONTHS?						
6. DU TOU RECEIVE AINT OTHER VA BENEFITS AS A VETERAIN, FAREINT, OR SURVIVING SFOUSL:		OD SUDVIVING SPOUSE 2					
	0. DO TOU RECEIVE ANT OTHER VA BLINETTIS AS A VETERAIN, I AIRLINT	, OR SURVIVING SPOUSE !					
	☐ VES ☐ NO (If "YES," write in the VA file number of the other benefit)						

		74 MONTHLY	NCOME (Read Par	rographa 2 an	d 2 of the EVP Inc	atructions)		
If no income or not worth w	oo roooii		,	<u> </u>				
SOURCE	as recen	sived from a particular source, write "0" or "none." DO NOT LEAVE ANY ITEMS BLANK. SURVIVING SPOUSE						
SOCIAL SECURITY		\$ SURVIVING SPOUSE						
U.S. CIVIL SERVICE								
U.S. RAILROAD RETIREM	1ENIT							
MILITARY RETIREMENT	ILINI							
OTHER (Show Source)								
OTHER (Show Source)								
OTTIER (Show Source)		7R ANNITAL II	NCOME (Read Para	agraphs 2 and	I A of the EVR Inst	ructions)		
If no income was received	from a na		,	<u> </u>		,		
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year (January through Dec						·		
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ALL EMPLOYMENT	\$							
TOTAL INTEREST AND	+ +							
DIVIDENDS					\$			
ALL OTHER					<u> </u>			
(Show Source)								
ALL OTHER								
(Show Source)								
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source of income or any Ol			ont. Answer 120 1	ii tiicic were a	my other meetic	changes of it you received any tvev		
	` "I		h 75	. Ita				
		ete Items 7D throug						
7D. WHAT INCOME C		,	7E. WHEN DID THE INCOME CHANGE?			7F. HOW DID INCOME CHANGE?		
income changed; fo			(Show the dates you received any new income or the date income changed)			(Explain what happened; for example, quit work, got raise, received inheritance)		
oity pone	, 010,	,	income or the	TO date interm	o onangou)	quit work, got raise, reserved innertainee)		
		7G NET	WORTH (Read Pa	aragraph 5 of t	the EVR Instruction	ns)		
SOL	JRCE	70.1121		aragraph o or	SURVIVING	•		
					001(11111)	0.0.002		
CASH/NON-INTEREST BE	EARING	BANK ACCOUNTS	\$					
INTEREST BEARING BAN	IK ACCC	DUNTS						
IRA'S, KEOGH PLANS, ET	TC.							
STOCKS, BONDS, MUTU	AL FUND	OS, ETC.						
DEAL DRODERTY (Net		<u> </u>						
REAL PROPERTY (Not yo	ur nome,)						
ALL OTHER PROPERTY								
		8. FAMILY MEDI	 CAL EXPENSES (F	Read Paragra	ph 6 of the EVR In	estructions)		
			<u> </u>			,		
		•	•	•	•	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 e	entitleme	ent is established,	you will have an	opportunity	to report your me	edical expenses at the end of the year.		
9. SURVIVING SPOUSE'S	FDUCA	TIONAL AND VOCA	ATIONAL REHABIL	ITATION FXP	PENSES (Read			
Paragraph 7 of the EVR					,			
DO NOT REPORT CHIL				•		\$		
10A. SIGNATURE OF PAYEE	(Read Pa	ragraph 9 of the EVR I	nstructions before sign	ning)		10B. DATE SIGNED		
		100	. TELEPHONE NU		ude Area Code)			
DAYTIME				EVENING				
PENALTY The law provides se	vere pena	alties which include fine	or imprisonment or bo	oth, for the willfu	I submission of any s	statement or evidence of a material fact,		
knowing it is false, or fraudulen	t acceptar	nce of any payment to	which you are not entit	tled.	ŕ			