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

FIRST, MIDDLE, LAST NAMI	E OF VETERAN		Depar	Department of Veterans Affairs				
			IMPI	ROVED PENSION I VERIFICATION RI	EPORT	TY		
VETERAN'S SOCIAL SECUR	RITY NUMBER		VA FILE NUME	(CHILD OR CHILDREN) 9C				
			VA FILE NOME	BER				
COMPLETE MAILING ADDR	ESS OF CHILD	OR CUSTODIAN	VA REGIONAL	VA REGIONAL OFFICE RETURN ADDRESS				
IMPORTANT -Please read th			0510) prior to completing this f					
		· · · · · · · · · · · · · · · · · · ·	RITAL AND SCHOOL S					
on this award. If the chil	d does not have	e a Social Security num	umbers, and indicate maritation ber, write "No SSN" in the they will receive their own	space provided for the	child's Socia	al		
and 23 and has not been	rated disabled pt summer sch	by VA. The child is co ool or holiday periods.	or older. Complete Item 1F nsidered to have attended s If Block (2), STOPPED SO	chool continuously if th	e child atten	ided every		
checked in item 17, prov	ride the date th	e chind last attended sci	1001 III Item 17.	1	1			
A. FULL NAME OF EACH CHILD (First, middle initial, last)	B. DATE OF BIRTH (Mo.,day,yr.)	C. SOCIAL SECURITY NUMBER	D. MARITAL STATUS	E. SCHOOL STATUS	F. ATTENDED SCHOOL CONTINUOUSLY SINCE AGE 18			
			(1) MARRIED	(1) ☐ ATTENDS SCHOOL		DATE LEFT		
			(2) DIVORCED/WIDOWED	(2) STOPPED SCHOOL	(1) YES	SCHOOL		
			(3) NEVEVER MARRIED	(3) DISABLED CHILD	(2) NO			
			(1) MARRIED	(1) ATTENDS SCHOOL				
			(2) DIVORCED/WIDOWED	(2) STOPPED SCHOOL	(1) TYES			
			(3) NEVEVER MARRIED	(3) DISABLED CHILD	(2) NO			
			(1) MARRIED	(1) ATTENDS SCHOOL				
			(2) DIVORCED/WIDOWED	(2) STOPPED SCHOOL	(1) TYES			
			(3) NEVEVER MARRIED	(3) DISABLED CHILD	(2) NO			
			(1) MARRIED	(1) ATTENDS SCHOOL				
			(2) DIVORCED/WIDOWED	(2) STOPPED SCHOOL	' ' —			
			(3) NEVEVER MARRIED	(3) DISABLED CHILD	(2) NO			
			(1) MARRIED	(1) ATTENDS SCHOOL				
			(2) DIVORCED/WIDOWED	(2) STOPPED SCHOOL	(1) TYES			
			(3) NEVEVER MARRIED	(3) DISABLED CHILD	(2) NO			
			(1) MARRIED	(1) ATTENDS SCHOOL				
			(2) DIVORCED/WIDOWED	(2) STOPPED SCHOOL	(1) TYES			
			(3) NEVEVER MARRIED	(3) DISABLED CHILD	(2) NO			
2. DID ANY CHILD ON THIS AW YES NO	ARD RECEIVE WA	AGES AT ANY TIME DURING	THE LAST 12 MONTHS?					

REPORT OF INCOME AND NET WORTH

IMPORTANT NOTE ABOUT ITEMS 3A THROUGH 3G:

Child Claimants or Payees: If you are a child claiming or receiving pension in your own right, report your income and net worth in the CHILD columns. Leave the CUSTODIAN columns blank. Custodians of Children: If you are claiming or receiving pension as the custodian of a child or children, report the child's income and net worth in the CHILD columns, and enter your income and net worth in the CUSTODIAN columns. If you are also the child's parent, you are married, and you live with your spouse, add your and your spouse's incomes and net worth together and enter the totals in the CUSTODIAN columns in Items 3A, 3B, and 3G.

Institutional Custodians: If you are	e an institutional custo	dian of a child, report t	he child's income a	nd net worth in th	ne CHILD columns. Le	ave the CUST	ODIAN columns blank.	
If no income was received from indicate that the item does not						ns specificall	ly	
	3A. MONTHI	LY INCOME (Read	Paragraphs 2 and	d 3 of the EVR	Instructions)			
GROSS MONTHLY AMOUNTS			1					
SOURCE	CUSTODIAN:		CHILD:			CHILD:		
SOCIAL SECURITY	\$		\$		\$	\$		
U.S. CIVIL SERVICE								
U.S. RAILROAD RETIREMENT								
BLACK LUNG BENEFITS								
OTHER RETIREMENT								
OTHER (Show Source)								
OTHER (Show Source)								
	3B. ANNUA	L INCOME (Read F	aragraphs 2 and	4 of the EVR I	nstructions)			
NOTE: Report annual income fo year (January through December								
	CUSTODIAN:		CHILD:		CHILD) <u>:</u>		
SOURCE	FROM:	FROM:	FROM:	FROM:	FROM	:	FROM:	
	THRU:	THRU:	THRU:	THRU:	THRU	:	THRU:	
GROSS WAGES FROM ALL EMPLOYMENT	\$	\$	\$	\$	\$		\$	
TOTAL INTEREST AND DIVIDENDS								
ALL OTHER (Show Source)								
NEW source of income or any (ns 3D through 3F. If 3E. WHEN (Show the	djustment. Answer "YES" if there were any other income 3D through 3F. If "NO," go to Item 3G.) 3E. WHEN DID THE INCOME CHANGE? (Show the dates you received any new income or the date income changed)			3F. HOW DID INCOME CHANGE? (Tell what happened; for example, quit work, got raise, received inheritance)			
	3G. N	IET WORTH (Read	Paragraph 5 of th	ne EVR Instruc	tions)			
SOURCE		CUSTODIAN:	CUSTODIAN:		CHILD:		CHILD:	
CASH/NON-INTEREST-BEARIN	G BANK ACCOUN	TS \$	\$			\$		
INTEREST-BEARING BANK AC	COUNTS							
IRA'S, KEOGH PLANS, ETC.								
STOCKS, BONDS, MUTUAL FU	NDS, ETC.							
REAL PROPERTY (Not your hor	ne)							
ALL OTHER PROPERTY						<u> </u>		
Normally, medical expenses are Paragraph 6 of the EVR Instruc- report your medical expenses. If entitlement is established, you	e reported at the en tions indicates that If you are using this	you should report m form as a suppleme	are using this for nedical expenses ent to a pending of	m as your ann , use VA Form claim, you do n	ual Eligibility Verific 21-8416, Medical E ot need to report m	Expense Rep	ort, to	
	5. CHILD'S EDUC	ATIONAL EXPENS	ES (Read Parag	raph 7 of the E	VR Instructions)			
If a school child answered "YES" to Ite	ems 1F and 2, report a	ny educational expens	ses the child paid ou	ut of his/her own	funds during the past	12 months.		
Α. :	SCHOOL CHILD'S	NAME			B. AMOL	INT PAID		
				\$				
6A. SIGNATURE OF PAYEE (Read Paragraph 9 of the EVR Instructions before signing				\$	6B. DATE SIGNED			
		6C. TELEPHONE N	NUMBERS (Includ	de Area Code)				
DAYTIME		33. TEEEI TIONET	EVENING	<u></u>				
PENALTY The law provides severe p	enalties which include	fine or imprisonment	or both, for the willfu	ıl submission of :	any statement or evide	ence of a mater		

knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.