FIRST, MIDDLE, LAST NAME OF VETERAN				Expiration Date: 07/31/2024							
				Department of Veterans Affairs							
				IMPROVED PENSION ELIGIBILITY							
	VERIFICATION REPORT (VETERAN WITH CHILDREN) 7										
YOUR COMPLETE MAILING ADDRESS	VA FILE NUMBER										
100.000											
	VA REGIONAL OFFICE RETURN ADDRESS										
FEES FOR CLAIMS - Section 5904, Title 38, Unite may be charged, allowed, or paid for services provide with respect to a claim for benefits under laws adminifurther review of a claim for VA benefits only after vattorney and the fee agreement requirements.	led by a VA-accredited at istered by the Department VA has issued an initial	attorney or agent nt. Generally, a v decision on the	t in connect VA-accredit claim and	tion with a pr ted attorney o	roceeding 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 (*) 1A. YOUR SOCIAL SECURITY NUMBER	VA Form 21P-0510) prior to	s form. 1 1B. YOUR SPOUSE'S SOCIAL SECURITY NUMBER									
		SON S. SOOLS SOOME SESSION INDIVIDEN									
1C. FIRST, MIDDLE, LAST NAME OF SPOUSE			1D. SPOUSE'S DATE OF BIRTH (Mo., day, yr.)								
2. MARITAL STATUS (Check only one box)											
(1) MARRIED-LIVING WITH SPOUSE (You are legally married and you live with your spouse or are separated for medical reasons.)											
(2) MARRIED-NOT LIVING WITH SPOUSE (You are legally married but separated from your spouse.) Show the amount											
you contributed to your spouse's suppo	ort during the past 12 n	nonths \$ _									
If you separated within the last 12 mon	If you separated within the last 12 months, show the date of separation										
(3) NOT MARRIED (You have never marri	ied or are now divorce	ed or widowed	d.) If your n	narriage enc	 ded within the last 12 m	nonths,					
show the date of divorce or death											
3A. UNMARRIED DEPENDENT CHILDREN (Red	ead Paragraph 1 of the	e EVR Instruc	tions, VA I	Form 21P-0.	510)						
FULL NAME OF EACH CHILD	DATE OF BIRTH	CURITY	UNDER 18	ONE (X) ANY AGE PERMANENTLY							
(First, middle initial, last)	(Mo., day, yr.)	NUMB	BER	UNDER 18 OVER 18 AND YEARS OF 23, AND ATTE AGE SCHOOL		HELPLESS FOR MENTAL OR PHYSICAL REASONS					
3B. UNMARRIED DEPENDENT CHILDREN LIS	TED IN ITEM 3A WHO	DO NOT LIV	'E WITH Y	OU							
NAME OF EACH CHILD	CHILD'S COMF ADDRES		NAME OF CHILD LIV (If Appli	MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT							
					\$						
						\$					
						\$					
4A. ARE YOU A PATIENT IN A NURSING HOM	AA ARE VOLLA PATIENT IN A NURSING HOME?					4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE					
77.711.2 100 711 711.211 111.11.11.11.11.11.11.11.11.11.11.11.	NUMBER OF NURSING HOME (Please include Zip Code)										
YES NO (If "Yes," Complete Items 4B thru 4D. If "No," go to Item 5.)											
4B. SHOW THE DATE YOU ENTERED THE NU	IRSING HOME										
4D. DOES MEDICAID COVER ALL OR PART O ☐ YES ☐ NO	F YOUR NURSING H										
5. DID EITHER YOU OR YOUR SPOUSE RECEIVE ANY WAGES OR WERE EITHER OF YOU EMPLOYED AT ANY TIME DURING THE PAST 12 MONTHS?											
6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE?											
YES NO (If "Yes," write in the VA file number of the other benefit)											

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		7A. MON	ITHLY INCC	ME (Read	d Paragi	raphs 2 and	3 of the EVR	Instruction	ons)		
GROSS MONTHLY AMOUNTS (If no income was received from a particular			r source,								
SOURCE						SPOUSE			CHILD:		
SOCIAL SECURITY		\$		\$	\$			\$			
U. S. CIVIL SERVICE											
U. S. RAILROAD RETIRE											
BLACK LUNG BENEFITS											
MILITARY RETIREMENT											
OTHER (Show Source)											
OTHER (Show Source)											
OTHER (Show Source)											
NOTE: Report annual inc through December) income	me in tl	or the dates inche left-hand co	dicated. If no	o dates ar arrent cale	e shown	above the car income in	the right-han	ollow, th	en report n.		ar year (January
If no income was receive	d from	· · · · · · · · · · · · · · · · · · ·)" or "none	e". VA V I			K SPACI		NE" or "0."	
	5001	VETERAN					USE		CHILD:		FDOM
SOURCE	FROM			FROM: THRU:		-	FROM: THRU:		FROM: THRU:		FROM: THRU:
GROSS WAGES FROM		•	\$		\$		\$		\$		\$
ALL EMPLOYMENT TOTAL INTEREST AND	Ψ		Ψ		Ψ		Ψ		Ψ		Ψ
DIVIDENDS ALL OTHER											
(Show Source)											
ALL OTHER (Show Source)											
70 DID ANIV INCOME O	I I A NI O	F /I /D	\ D.	DINO TUI	DAGE	40 MONITUR	20 (4 //2	1011:04			
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.)											
YES NO 7D. WHAT INCOME C			<i>at</i> 7E. W	HEN DID	THE IN	COME CHA	NGE? (Show	7F. HO	W DID IN	COME CHA	NGE? (Explain wha
			ates you received any new income or the date income changed)			happened; for example, quit work, got raise, received inheritance)					
P. W. Colon, C. Colon											
		7	G. NET WO	RTH (Rea	d Parag	graph 5 of th	e EVR Instruc	tions)			
SOURCE VETERA					ETERAN	AN SPOUSE			CHILD:		
CASH/NON- INTEREST-BEARING BANK ACCOUNTS			\$		\$	\$		\$			
INTEREST-BEARING BANK ACCOUNTS											
IRA'S, KEOGH PLANS, ETC.											
STOCKS, BONDS, MUTUAL FUNDS, ETC.											
REAL PROPERTY (Not your home)											
ALL OTHER PROPERTY											
If you are using this form expenses, use VA Form medical expenses. If enti	21P-84 tlement	ur annual Eligi 416, Medical E t is established	bility Verifica xpense Rep I, you will ha	ation Repo oort. If you ve an opp	ort and F u are usi ortunity	Paragraph 6 ing this form to report you	as a supplen Ir medical exp	struction nent to a enses at	s indicate pending of the end o	claim, you c	hould report medical lo not need to report
9. VETERAN'S EDUCAT Instructions) Show amou	IONAL ınts pai	AND VOCATI d by you durin	ONAL REHA g the past 12	ABILITATI 2 months.	ON EXP	PENSES <i>(Re</i> T REPORT I	ad Paragraph DEPENDENTS	7 of the S'EXPEN	<i>EVR</i> NSES.	\$	
10. FAMILY MAINTENANCE (Hardship) EXPENSES FOR THE NEXT 12 MONT Instructions). Complete ONLY IF VA is currently excluding children's income on the family expenses expected for the next 12 months.											
11A. SIGNATURE OF VETERAN (Read paragraph 9 of the EVR Instructions by						ns before sig	ns before signing) 11B. DATE SIGNE			IED	
11C. TELEPHONE NUMBERS (Include Area Code,)				
DAYTIME				EVENING							
DENIAL TV: The low pro	wides s	avara nanaltia	e which incl	uda fina a	r impri	conment or	anth for the v	zillful cul	hmission	of any state	ment or exidence of

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.

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