


FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN		 <b>Department of Veterans Affairs</b>
FIRST NAME - MIDDLE NAME - LAST NAME OF SURVIVING SPOUSE		
COMPLETE MAILING ADDRESS OF SURVIVING SPOUSE		
		<b>IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT (SURVIVING SPOUSE WITH NO CHILDREN) 8</b>
		VA FILE NUMBER
		VA REGIONAL OFFICE RETURN ADDRESS
<b>IMPORTANT:</b> Please read the enclosed EVR Instructions (VA Form 21P-0510) prior to completing this form.		
1A. YOUR SOCIAL SECURITY NUMBER	1B. VETERAN'S SOCIAL SECURITY NUMBER	1C. YOUR DATE OF BIRTH (MM/DD/YYYY)
2. YOUR MARITAL STATUS (Check only one box)		
<input type="checkbox"/> (1) I HAVE NOT REMARRIED SINCE THE VETERAN DIED (You have not married anyone since the veteran's death.)		
<input type="checkbox"/> (2) I REMARRIED ON _____ (Date) (MM/DD/YYYY) AND I AM STILL MARRIED (You married after the veteran's death and you are currently married. Enter the date you married your current spouse.)		
<input type="checkbox"/> (3) I REMARRIED AFTER THE VETERAN DIED BUT THE MARRIAGE ENDED BY DEATH OR DIVORCE ON _____ (Date) (MM/DD/YYYY). (You remarried but you are not currently married. Show the date your latest marriage ended.)		
3. NUMBER OF UNMARRIED, DEPENDENT CHILDREN (See Paragraph 1 of the EVR Instructions)		
IN YOUR CUSTODY _____ NOT IN YOUR CUSTODY _____		
AMOUNT CONTRIBUTED DURING PAST 12 MONTHS TO CHILDREN NOT IN YOUR CUSTODY \$ _____		
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)
<input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes", Complete Items 4B thru 4D. If "No", go to Item 5.)		
4B. SHOW THE DATE YOU ENTERED THE NURSING HOME (MM/DD/YYYY)		
4D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME FEES?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
5. DID YOU RECEIVE ANY WAGES OR WERE YOU EMPLOYED AT ANY TIME DURING THE PAST 12 MONTHS?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE?		
<input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes", write in the VA file number of the other benefit.) _____		

<b>7A. MONTHLY INCOME</b> <i>(Read Paragraphs 2 and 3 of the EVR Instructions)</i>		
If no income or net worth was received from a particular source, write "0" or "none". VA WILL INTERPRET A BLANK SPACE AS "NONE" OR "0."		
SOURCE	SURVIVING SPOUSE	
SOCIAL SECURITY	\$	
U.S. CIVIL SERVICE		
U.S. RAILROAD RETIREMENT		
MILITARY RETIREMENT		
OTHER <i>(Show Source)</i>		
OTHER <i>(Show Source)</i>		
<b>7B. ANNUAL INCOME</b> <i>(Read Paragraphs 2 and 4 of the EVR Instructions)</i>		
If no income was received from a particular source, write "0" or "none". VA WILL INTERPRET A BLANK SPACE AS "NONE" OR "0."		
<b>NOTE:</b> Report annual income for the dates indicated. If no dates are shown above the columns that follow, then report last calendar year <i>(January through December)</i> income in the left-hand column and current calendar year income in the right-hand column.		
SOURCE	FROM <i>(MM/DD/YYYY)</i> : THRU <i>(MM/DD/YYYY)</i> :	FROM <i>(MM/DD/YYYY)</i> : THRU <i>(MM/DD/YYYY)</i> :
GROSS WAGES FROM ALL EMPLOYMENT	\$	\$
TOTAL INTEREST AND DIVIDENDS		
ALL OTHER <i>(Show Source)</i>		
ALL OTHER <i>(Show Source)</i>		
<b>7C. DID ANY INCOME CHANGE</b> <i>(Increase/Decrease) DURING PAST 12 MONTHS?</i> <i>(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)</i>  <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES", complete Items 7D through 7F. If "NO", go to Item 7G.)</i>		
<b>7D. WHAT INCOME CHANGED?</b> <i>(Show what income changed, for example, wages, city pension, etc.)</i>	<b>7E. WHEN DID THE INCOME CHANGE?</b> <i>(Show the dates you received any new income or the date income changed)</i>	<b>7F. HOW DID INCOME CHANGE?</b> <i>(Explain what happened; for example, quit work, got raise, received inheritance)</i>
<b>7G. NET WORTH</b> <i>(Read Paragraph 5 of the EVR Instructions)</i>		
SOURCE	SURVIVING SPOUSE	
CASH/NON- INTEREST-BEARING BANK ACCOUNTS	\$	
INTEREST-BEARING BANK ACCOUNTS		
IRA'S, KEOGH PLANS, ETC.		
STOCKS, BONDS, MUTUAL FUNDS, ETC.		
REAL PROPERTY <i>(Not your home)</i>		
ALL OTHER PROPERTY		
<b>8. FAMILY MEDICAL EXPENSES</b> <i>(Read Paragraph 6 of the EVR Instructions)</i>		
Normally, medical expenses are reported at the end of the year. 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, 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 entitlement is established, you will have an opportunity to report your medical expenses at the end of the year.		
<b>9. SURVIVING SPOUSE'S EDUCATIONAL AND VOCATIONAL REHABILITATION EXPENSES</b> <i>(Read Paragraph 7 of the EVR Instructions)</i> . Show amounts paid by you during the past 12 months. DO NOT REPORT CHILDREN'S EXPENSES.  \$		
<b>10A. SIGNATURE OF PAYEE</b> <i>(Read paragraph 9 of the EVR Instructions before signing)</i>		<b>10B. DATE SIGNED</b> <i>(MM/DD/YYYY)</i>
<b>10C. TELEPHONE NUMBERS</b> <i>(Include Area Code)</i>		
DAYTIME	EVENING	
<b>PENALTY:</b> 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.		