



Pension Work Book

Oneida County Veterans Service Office
1 S. Oneida Avenue
P.O. Box 400
Rhineland, WI 54501
(715) 369-6127

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REQUIRED DOCUMENTS

_____ DD 214 _____ Marriage certificate _____ Death certificate

IF IN ASSISTED LIVING, NURSING HOME, ADULT DAY CARE

_____ Worksheet for an Assisted Living, Adult Day Care, or Similar Facility

_____ Statement from above facility showing fees paid and breakdown of care received

_____ VAF 21-0779 _____ VAF 21-2680

_____ Statement from physician or physician assistant that the disabled person requires health care services or custodial care that an assisted living or nursing home facility provides because of mental or physical disability. The mental or physical disability must be described in this statement.

IF LIVING AT HOME AND RECEIVING IN-HOME CARE

_____ Worksheet for In-home Attendant Expenses

_____ Statement from in-home attendant with a breakdown of time spent assisting claiming with health care services

_____ Proof of cost of in-home care

IF THERE IS INCOME BESIDES SOCIAL SECURITY OR ANY ASSETS

_____ VAF 21-0969 _____ VAF 21P-4165 _____ VAF 21P-4185

_____ Documentation of current income (if other than SS)

_____ Documentation of expected income (if income will change in the next 12 months)

_____ Documentation of value of assets

_____ Copy of savings bond

_____ Documentation showing value of rental property, farm, or business

_____ Documentation showing value of additional land or second home

_____ Documentation showing amount owed on additional land or mortgage on second home

_____ Documentation showing asset transfer

_____ Documentation showing annuity purchased

_____ Documentation showing annuity was used to establish a trust

_____ Documentation showing trust

VA PENSION FOR VETERANS AND SURVIVORS
(revised 01/10/2019)

This is not the actual application, it is only a worksheet. After you have completed the worksheet, please call the Oneida County Veterans Service Office at (715) 369-6127 to make an appointment so the claim can be completed.

Veteran's full name (including maiden name, if applicable):

Veteran's SSN: _____

Spouse's full name (including maiden name, if applicable):

Spouse's date of birth: _____ Spouse's SSN: _____

What disabilities prevent you from working? _____

Approximate date those disabilities began? _____

Are you now or have you recently been hospitalized or given outpatient or in-home care due to the disabilities listed? Yes No

Dates of recent hospitalization or care: _____

Name and address of doctor, facility, or care provider:

Previous marriage information: This information is not optional and ***includes your marriage to the person listed on the first page.*** If you do not know exact dates, you must provide at least the month and year of previous marriages and their ending dates. No supporting documentation is required with the exception of the current marriage if the current spouse is not deceased.

Veteran's marriages (including current marriage):

Date of Marriage	Place of Marriage	To Whom Married (First, MI, Last name)	Date Ended	Place Ended	How Ended

Spouse's marriages (including current marriage):

Date of Marriage	Place of Marriage	To Whom Married (First, MI, Last name)	Date Ended	Place Ended	How Ended

Social Security (**gross amount *before* Medicare is taken out**)

Social Security	Veteran	Spouse
Gross Monthly Amount	\$	\$

Do you or your dependents (spouse or dependent child) own your primary residence?

Yes No If yes, answer the following two questions:

What is the size of the lot on which the primary residence sits? _____ square feet

Could any part of the lot be sold without selling the residence? Yes No

Are you or your dependents receiving or expecting to receive any income other than Social Security? (Includes, but is not limited to, income from military retirement, civil service retirement, IRA, pensions, annuities, interest, dividends, etc.)

Yes No If yes, complete page 8

Are you or your dependents receiving or expecting to receive unemployment income in the next 12 months?

Yes No If yes, complete page 9

Do you or your dependents own a savings bond or receive or expect to receive interest from a savings bond within the next 12 months?

Yes No If yes, complete page 10

Are you or your dependents receiving or expecting to receive income from rental property, a farm, or a business within the next 12 months?

Yes No If yes, complete page 11

If you have or had income from a farm, you will also need to complete a VA form 21P-4165.

If you have or had income from rental property or a business, you will also need to complete a VA form 21P-4185.

Are you or your dependents receiving or expecting to receive interest, dividends, or royalties within the next 12 months?

Yes No If yes, complete page 12

Are you or your dependents receiving wages or expecting to receive wages within the next 12 months?

Yes No If yes, complete page 13

Did you or your dependents receive income last year that is no longer being received or did you receive a one-time payment last year?

Yes No If yes, complete page 14

Do you or your dependents have assets not already reported, such as non-interest-bearing accounts, cash, stocks, bonds, or real estate?

Yes No If yes, complete section VIII on page 15

In the current year and/or prior three tax years, did you or your dependents sell, convey, trade, or give away assets?

Yes No If yes, complete section IX on pages 15 and 16

In the current year and/or the prior three tax years, did you or your dependents transfer any assets to a trust or purchase an annuity?

Yes No If yes, complete section X on page 16

Did you or your dependents waive or expect to waive any receipt of income in the next 12 months?

Yes No If yes, complete page 17

Medical expenses: To determine eligibility for this pension benefit the VA looks at your gross household income from all sources and they only adjust it for the medical expenses you pay out-of-pocket that they can **reasonably presume will recur every month for at least the next 12 months**. These are things like Medicare, supplementary health insurance, and home health care. Co-pays for doctor visits and medications are generally not accepted because payments like that change from month-to-month. If you would still like to claim expenses like that, you must furnish a complete description of the expense and the reason you feel it should be allowed. A letter of verification from your health care provider would also be beneficial.

Purpose	Amount Paid By You	Date Paid	Name of Provider	For Whom Paid
Example: Medicare	\$1,608.00	01/2019-12/2019	Social Security	Self
Example: Health Insurance	\$3,000.00	01/2019-12/2019	BlueCross/BlueShield	Spouse
Example: Home Health Care	\$9,000.00	01/2019-12/2019	Acme Home Health	Self

Direct Deposit Information:

Checking Account Number: _____

OR

Savings Account Number: _____

Financial Institution: _____

Routing Number: _____

Additional forms:

If you feel you're eligible for a higher pension rating based on the fact you're housebound or in need of regular aid and attendance, a VA form 21-2680 must be filled out by your doctor.

If you are claiming expenses for an assisted living facility, adult day care, or similar facility, page 11 of VA form 21P-527EZ (for veterans) or page 12 of VA 21-534EZ (for survivors) must be filled out by the provider.

If you are claiming expenses for in-home care, page 12 of the VA form 21P-527EZ (for veterans) or page 13 of VA form 21-534EZ (for survivors) must be filled out by the provider.

If you are living in a nursing home, a VA form 21-0779 must be filled out by the nursing home official.

You can get all of the above-mentioned forms at your County Veterans Service Office or online.

**INCOME AND ASSET STATEMENT IN SUPPORT OF CLAIM FOR PENSION OR
PARENT'S DEPENDENCY AND INDEMNITY COMPENSATION (DIC)
(Attachment to VA Forms 21P-527, 21P-527EZ, 21P-534, 21P-534EZ, and 21-526)**

IMPORTANT: This is *not* a stand-alone form. Only complete this attachment if you are directed to do so when you complete *one* of the following:

- (1) Section VI on VA Form 21P-527 or Section VIII on VA Form 21P-527EZ.
- (2) Section VII on VA Form 21P-534 or Section VIII on VA Form 21P-534EZ.
- (3) Section VIII on VA Form 21-526.

VETERAN/CLAIMANT PERSONAL INFORMATION		
1. VETERAN'S NAME (Last, First, Middle)	2. VETERAN'S SOCIAL SECURITY NUMBER	3. VETERAN'S FILE NUMBER (If known)
4. CLAIMANT'S NAME (Last, First, Middle)	5. CLAIMANT'S SOCIAL SECURITY NUMBER	6. CLAIMANT'S TELEPHONE NUMBER
7. TYPE OF CLAIMANT (Check only one box)		
<input type="checkbox"/> VETERAN <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> SURVIVING CHILD <input type="checkbox"/> PARENT		

IMPORTANT INFORMATION FOR CLAIMANTS

NOTE - The term "**assets**" means the fair market value of all property that an individual owns, including all real and personal property (excluding the value of your or your dependent's primary residence including the residential lot area, not to exceed 2 acres) less the amount of mortgages or other encumbrances specific to the mortgaged or encumbered property. Personal property means the value of personal effects that are in excess of being suitable and consistent with a reasonable mode of life.

If you are a **Veteran**, you must report income and assets for:

- yourself
- your spouse (*unless* you live apart *and* you are estranged *and* you do not contribute to your spouse's support)
- your child or children (*unless* you do not have custody* *and* you do not contribute to your child's or children's support)

If you are a **Surviving Spouse**, you must report income and assets for:

- yourself
- any child of the veteran who is in your custody*

If you are a **Surviving Child** or the **Custodian of a Surviving Child**, you must report income and assets for the:

- child
- child's custodian (unless the child's custodian is an institution)
- custodian's spouse

If you are a **Parent**, you must report income** for:

- yourself
- your spouse (even if your spouse is the veteran's other parent. If your spouse is the veteran's other parent, you must *both* file claims)

*Child custody for pension purposes is defined in 38 C.F.R. § 3.57(d). A natural or adoptive parent has custody of a child unless custody is legally removed. For pension purposes, a child who has attained age 18 remains in the custody of the person who had custody before the child turned age 18 unless custody is legally removed.

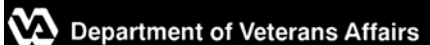
** Parent's DIC claimants do *not* need to *report* or *provide* documentation of their assets.

NOTICE

IMPORTANT: VA will compare the information you report on this form to Internal Revenue Service (IRS) and Social Security Administration (SSA) records to verify your income for the past three tax years for which information is available. Information from the IRS or SSA that conflicts with the income information you provide with your application may delay your claim and/or reduce your benefit amount.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine maximum benefits provided under the law. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine your eligibility for pension. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 25 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at: www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



**INCOME AND ASSET STATEMENT IN SUPPORT OF CLAIM FOR PENSION OR
 PARENTS' DEPENDENCY AND INDEMNITY COMPENSATION (DIC)
 (Attachment to VA Forms 21P- 527, 21P-527EZ, 21P-534, 21P-534EZ, and 21-526)**

SECTION I: RETIREMENT INCOME AND DISTRIBUTIONS (If additional space is needed attach a separate sheet)

1. ARE YOU OR YOUR DEPENDENTS RECEIVING OR EXPECTING TO RECEIVE ANY INCOME IN THE NEXT 12 MONTHS INCLUDING, BUT NOT LIMITED TO, DISTRIBUTIONS FROM A RETIREMENT PLAN, SUCH AS:

- Military Retirement
- Civil Service Retirement
- IRA
- SEP
- Qualified Plans
- Pensions
- Annuities
- Black Lung

YES NO (If "No," skip to Section II)

A. INCOME RECIPIENT (Veteran, Spouse, Child, Parent, Custodian, etc.)	B. WHO IS THE INCOME PAYER? (Name of business, financial institution, etc.)	C. WHAT IS YOUR CURRENT AND/OR EXPECTED INCOME? (Provide documentation of current income and expected income changes)	D. WHAT IS THE TOTAL CASH VALUE OF THE ASSET ASSOCIATED WITH THIS INCOME? (Provide documentation of assets)
		CURRENT MONTHLY GROSS INCOME \$ <hr/> DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO <hr/> DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT \$	
		CURRENT MONTHLY GROSS INCOME \$ <hr/> DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO <hr/> DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT \$	
		CURRENT MONTHLY GROSS INCOME \$ <hr/> DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO <hr/> DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT \$	
		CURRENT MONTHLY GROSS INCOME \$ <hr/> DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO <hr/> DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT \$	

SECTION II - UNEMPLOYMENT INCOME (If additional space is needed attach a separate sheet)

2. ARE YOU OR YOUR DEPENDENTS RECEIVING OR EXPECTING TO RECEIVE UNEMPLOYMENT INCOME IN THE NEXT 12 MONTHS?

YES NO (If "No," skip to Section III)

A. INCOME RECIPIENT (Veteran, Spouse, Child, Parent, Custodian, etc.)	B. WHAT IS YOUR OR YOUR DEPENDENTS CURRENT AND/OR EXPECTED UNEMPLOYMENT INCOME? (Provide documentation of current income and expected income changes)
	<p>CURRENT MONTHLY GROSS INCOME \$</p> <p>DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT \$</p>
	<p>CURRENT MONTHLY GROSS INCOME \$</p> <p>DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT \$</p>
	<p>CURRENT MONTHLY GROSS INCOME \$</p> <p>DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT \$</p>
	<p>CURRENT MONTHLY GROSS INCOME \$</p> <p>DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT \$</p>

SECTION III - SAVINGS BONDS (If additional space is needed attach a separate sheet)

3. DO YOU OR YOUR DEPENDENTS OWN A SAVINGS BOND OR RECEIVE OR EXPECT TO RECEIVE INTEREST FROM A SAVINGS BOND WITHIN THE NEXT 12 MONTHS?

YES NO (If "No," skip to Section IV)

A. WHO OWNS THE SAVINGS BOND? (Veteran, Spouse, Child, Parent, Custodian, etc.)	B. WHAT IS YOUR OR YOUR DEPENDENTS CURRENT AND/OR EXPECTED ANNUAL INCOME (interest earned)? (Attach a copy of the savings bond)	C. WHAT IS THE CURRENT FACE VALUE OF THE SAVINGS BOND?
	WHAT IS THE GROSS ANNUAL INCOME? \$ _____ DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT \$ _____	\$ _____
	WHAT IS THE GROSS ANNUAL INCOME? \$ _____ DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT \$ _____	\$ _____
	WHAT IS THE GROSS ANNUAL INCOME? \$ _____ DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT \$ _____	\$ _____
	WHAT IS THE GROSS ANNUAL INCOME? \$ _____ DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT \$ _____	\$ _____

SECTION IV - RENTAL PROPERTY, FARM OR BUSINESS INCOME (If additional space is needed attach a separate sheet)

4. ARE YOU OR YOUR DEPENDENTS RECEIVING OR EXPECTING TO RECEIVE, INCOME FROM RENTAL PROPERTY, FARM OR BUSINESS WITHIN THE NEXT 12 MONTHS?

YES NO (If "No," skip to Section V)

A. INCOME RECIPIENT (Veteran, Spouse, Child, Parent, Custodian, etc.)	B. WHAT IS YOUR OR YOUR DEPENDENTS CURRENT OR EXPECTED INCOME FROM THIS SOURCE? (Provide documentation of current income and expected income changes)	C. WHAT KIND OF INCOME IS THIS? (Check applicable box)	D. WHAT IS THE VALUE OF YOUR PORTION OF THE PROPERTY, FARM, OR BUSINESS? (Note: Subtract the amount of Mortgages or other encumbrances specific to the property. Provide available documentation)
	CURRENT MONTHLY GROSS INCOME \$ DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT \$	<input type="checkbox"/> Farm - Submit a completed VA Form 21P-4165 with this application <input type="checkbox"/> Rental Property - Submit a completed VA Form 21P-4185 with this application <input type="checkbox"/> Business - Submit a completed VA Form 21P-4185 with this application	
	CURRENT MONTHLY GROSS INCOME \$ DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT \$	<input type="checkbox"/> Farm - Submit a completed VA Form 21P-4165 with this application <input type="checkbox"/> Rental Property - Submit a completed VA Form 21P-4185 with this application <input type="checkbox"/> Business - Submit a completed VA Form 21P-4185 with this application	
	CURRENT MONTHLY GROSS INCOME \$ DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT \$	<input type="checkbox"/> Farm - Submit a completed VA Form 21P-4165 with this application <input type="checkbox"/> Rental Property - Submit a completed VA Form 21P-4185 with this application <input type="checkbox"/> Business - Submit a completed VA Form 21P-4185 with this application	
	CURRENT MONTHLY GROSS INCOME \$ DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT \$	<input type="checkbox"/> Farm - Submit a completed VA Form 21P-4165 with this application <input type="checkbox"/> Rental Property - Submit a completed VA Form 21P-4185 with this application <input type="checkbox"/> Business - Submit a completed VA Form 21P-4185 with this application	

SECTION V - INTEREST, ROYALTIES, AND DIVIDENDS (If additional space is needed attach a separate sheet)

5. ARE YOU OR YOUR DEPENDENTS RECEIVING OR EXPECTING TO RECEIVE, INTEREST, DIVIDENDS, OR ROYALTIES WITHIN THE NEXT 12 MONTHS?

YES NO (If "No," skip to Section VI)

IMPORTANT: Do *not* report income you have already reported in Section III (Savings Bonds) or Section IV (Rental Property, Farm or Business Income).

A. INCOME RECIPIENT (Veteran, Spouse, Child, Parent, Custodian, etc.)	B. WHO IS THE INCOME PAYER? (Name of business, financial institution, etc.)	C. WHAT IS YOUR OR YOUR DEPENDENTS CURRENT AND/OR EXPECTED INCOME? (Provide documentation of current income and expected income changes)	D. WHAT IS THE TOTAL CASH VALUE OF THE ASSET ASSOCIATED WITH THIS INCOME? (Provide documentation of assets)
		<p>CURRENT MONTHLY GROSS INCOME \$</p> <hr/> <p>DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p>DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT \$</p>	
		<p>CURRENT MONTHLY GROSS INCOME \$</p> <hr/> <p>DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p>DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT \$</p>	
		<p>CURRENT MONTHLY GROSS INCOME \$</p> <hr/> <p>DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p>DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT \$</p>	
		<p>CURRENT MONTHLY GROSS INCOME \$</p> <hr/> <p>DO YOU EXPECT THIS INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p>DATE INCOME WILL CHANGE AND EXPECTED INCOME AMOUNT \$</p>	

SECTION VI - WAGES - INCLUDING SELF-EMPLOYMENT (If additional space is needed attach a separate sheet)

6. ARE YOU OR YOUR DEPENDENTS RECEIVING WAGES OR EXPECTING TO RECEIVE WAGES WITHIN THE NEXT 12 MONTHS?

YES NO (If "No," skip to Section VII)

A. WAGE RECIPIENT (Veteran, Spouse, Child, Parent, Custodian, etc.)	B. WHAT ARE YOUR OR YOUR DEPENDENTS CURRENT WAGES AND/OR EXPECTED WAGES? (Provide documentation of current wages and expected wage changes)
	<p>CURRENT MONTHLY GROSS WAGE \$</p> <hr/> <p>DO YOU EXPECT THIS WAGE INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p style="text-align:center;">DATE WAGE INCOME WILL CHANGE AND EXPECTED WAGE AMOUNT \$</p>
	<p>CURRENT MONTHLY GROSS WAGE \$</p> <hr/> <p>DO YOU EXPECT THIS WAGE INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p style="text-align:center;">DATE WAGE INCOME WILL CHANGE AND EXPECTED WAGE AMOUNT \$</p>
	<p>CURRENT MONTHLY GROSS WAGE \$</p> <hr/> <p>DO YOU EXPECT THIS WAGE INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p style="text-align:center;">DATE WAGE INCOME WILL CHANGE AND EXPECTED WAGE AMOUNT \$</p>
	<p>CURRENT MONTHLY GROSS WAGE \$</p> <hr/> <p>DO YOU EXPECT THIS WAGE INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p style="text-align:center;">DATE WAGE INCOME WILL CHANGE AND EXPECTED WAGE AMOUNT \$</p>

SECTION VII - DISCONTINUED INCOME IN THE PRIOR TAX YEAR *(If additional space is needed attach a separate sheet)*

7. DID YOU OR YOUR DEPENDENTS RECEIVE INCOME **LAST YEAR** THAT IS NO LONGER BEING RECEIVED OR WAS A ONE-TIME PAYMENT?

YES NO (If "No," skip to Section VIII)

A. INCOME RECIPIENT (Veteran, Spouse, Child, Parent, Custodian, etc.)	B. WHO WAS THE INCOME PAYER? (Name of business, financial institution, etc.)	C. WHAT WAS THE GROSS ANNUAL AMOUNT REPORTED TO THE IRS?	D. WHEN DID THE INCOME STOP? (MM,DD,YYYY)
		\$	
		\$	
		\$	
		\$	

NOTE: Parent's DIC Claimants Only - You **do not** have to complete Sections VIII thru XI. Return to the application form. Your certification, signature and date on the application form applies to this attachment.

Pension Claimants - Continue to complete the attachment.

SECTION VIII - ASSETS PREVIOUSLY NOT REPORTED (If additional space is needed attach a separate sheet)

8. DO YOU OR YOUR DEPENDENTS HAVE ASSETS **NOT** ALREADY REPORTED, SUCH AS NON-INTEREST-BEARING ACCOUNTS, CASH, STOCKS, BONDS, OR REAL ESTATE?

YES NO (If "No," skip to Section IX)

A. ASSET OWNER (Veteran, Spouse, Child, Parent, Custodial, etc.)	B. WHAT IS THE CURRENT CASH VALUE OF THE ASSET? (Provide a bank or other official statement showing the current value. Do not report assets you have already reported in Sections I through VII)	C. AMOUNT OWED ON THE ASSET OR AMOUNT MORTGAGED OR OTHERWISE ENCUMBERED? (Provide documentation of mortgages or other encumbrances)
	\$	\$
	\$	\$
	\$	\$
	\$	\$

SECTION IX - ASSET TRANSFERS (If additional space is needed attach a separate sheet)

9. IN THE CURRENT YEAR AND/OR PRIOR 3 TAX YEARS, DID YOU OR YOUR DEPENDENTS SELL, CONVEY, TRADE, OR GIVE AWAY ASSETS?

YES NO (If "No," skip to Section X)

A. WHO OWNED THE ASSET? (Veteran, Spouse, Child, Parent, Custodian, etc.)	B. HOW WAS THE ASSET TRANSFERRED?	C. WHO DID YOU TRANSFER THE ASSET TO?	D. DETAILS OF THE ASSET TRANSFER (Provide documentation of the transfer. A transfer for less than fair market value means you disposed of an asset for less than the asset was worth)
	<input type="checkbox"/> SOLD <input type="checkbox"/> CONVEYED <input type="checkbox"/> GAVE AWAY <input type="checkbox"/> TRADED <input type="checkbox"/> OTHER (Explain below)	Name: _____ Relationship: _____	Was the asset transferred for less than fair market value? <input type="checkbox"/> Yes <input type="checkbox"/> No Was an asset reported to the IRS sold? <input type="checkbox"/> Yes <input type="checkbox"/> No What was the original purchase price? _____ What was the sale price? _____ What date was the asset sold? (MM,DD,YYYY) _____ What was the gain (capital gain, etc.)? _____
	<input type="checkbox"/> SOLD <input type="checkbox"/> CONVEYED <input type="checkbox"/> GAVE AWAY <input type="checkbox"/> TRADED <input type="checkbox"/> OTHER (Explain below)	Name: _____ Relationship: _____	Was the asset transferred for less than fair market value? <input type="checkbox"/> Yes <input type="checkbox"/> No Was an asset reported to the IRS sold? <input type="checkbox"/> Yes <input type="checkbox"/> No What was the original purchase price? _____ What was the sale price? _____ What date was the asset sold? (MM,DD,YYYY) _____ What was the gain (capital gain, etc.)? _____

SECTION IX: ASSET TRANSFERS (Continued)

A. WHO OWNED THE ASSET? (Veteran, Spouse, Child, Parent, Custodian, etc.)	B. HOW WAS THE ASSET TRANSFERRED?	C. WHO DID YOU TRANSFER THE ASSET TO?	D. DETAILS OF THE ASSET TRANSFER (Provide documentation of the transfer. A transfer for less than fair market value means you disposed of an asset for less than the asset was worth)
	<input type="checkbox"/> SOLD <input type="checkbox"/> CONVEYED <input type="checkbox"/> GAVE AWAY <input type="checkbox"/> TRADED <input type="checkbox"/> OTHER (Explain below)	Name: _____ Relationship: _____	Was the asset transferred for less than fair market value? <input type="checkbox"/> Yes <input type="checkbox"/> No Was an asset that was reported to the IRS sold? <input type="checkbox"/> Yes <input type="checkbox"/> No What was the original purchase price? _____ What was the sale price? _____ What date was the asset sold? (MM,DD,YYYY) _____ What was the gain (capital gain, etc.)? _____
	<input type="checkbox"/> SOLD <input type="checkbox"/> CONVEYED <input type="checkbox"/> GAVE AWAY <input type="checkbox"/> TRADED <input type="checkbox"/> OTHER (Explain below)	Name: _____ Relationship: _____	Was the asset transferred for less than fair market value? <input type="checkbox"/> Yes <input type="checkbox"/> No Was an asset that was reported to the IRS sold? <input type="checkbox"/> Yes <input type="checkbox"/> No What was the original purchase price? _____ What was the sale price? _____ What date was the asset sold? (MM,DD,YYYY) _____ What was the gain (capital gain, etc.)? _____

SECTION X: ANNUITIES AND TRUSTS (Attach a separate sheet if more than one annuity or trust is involved)

10A. IN THE CURRENT YEAR OR THE PRIOR THREE TAX YEARS, DID YOU OR YOUR DEPENDENTS TRANSFER ANY ASSETS TO A TRUST OR PURCHASE AN ANNUITY? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," skip to Section XI)		
10B. WHAT WAS THE MARKET VALUE OF THE ASSET AT THE TIME OF TRANSFER OR ANNUITY PURCHASE? \$ _____		
10C. WHAT WAS THE DATE THE ASSET WAS TRANSFERRED? (MM,DD,YYYY) _____		
10D. DID YOU PURCHASE AN ANNUITY WITH THE ASSETS? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," complete Items 10E through 10G)	10E. PROVIDE DATE OF PURCHASE _____	10F. PROVIDE NAME OF PERSON THE ASSET WAS PURCHASED FROM (First-Middle-Last) _____
10G. PROVIDE TYPE OF ANNUITY PURCHASED (Give details and attach documentation) 		
10H. WERE THE ASSETS USED TO ESTABLISH A TRUST? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," complete Items 10I through 10J)	10I. PROVIDE TAX NUMBER _____	10J. PROVIDE DETAILS AND ATTACH DOCUMENTATION
10K. WAS THE TRUST ESTABLISHED FOR A CHILD OF THE VETERAN WHO WAS INCAPABLE OF SELF-SUPPORT PRIOR TO REACHING AGE 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION XI - WAIVER OF RECEIPT OF INCOME (If additional space is needed attach a separate sheet)

11. DID YOU OR YOUR DEPENDENTS WAIVE OR EXPECT TO WAIVE ANY RECEIPT OF INCOME IN THE NEXT 12 MONTHS?

YES NO (If "NO," skip this section. This attachment is complete. Return to the application. Your certification, signature and date on the application form applies to this attachment)

A. INCOME RECIPIENT (Veteran, Spouse, Child, Parent, Custodian, etc.)	B. WHAT IS YOUR OR YOUR DEPENDENTS CURRENT AND/OR EXPECTED WAIVED INCOME? (Provide documentation of income and expected income changes)
	CURRENT MONTHLY GROSS WAIVED INCOME \$ DO YOU EXPECT THIS WAIVED INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE WAIVED INCOME WILL CHANGE AND EXPECTED WAIVED INCOME AMOUNT \$
	CURRENT MONTHLY GROSS WAIVED INCOME \$ DO YOU EXPECT THIS WAIVED INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE WAIVED INCOME WILL CHANGE AND EXPECTED WAIVED INCOME AMOUNT \$
	CURRENT MONTHLY GROSS WAIVED INCOME \$ DO YOU EXPECT THIS WAIVED INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE WAIVED INCOME WILL CHANGE AND EXPECTED WAIVED INCOME AMOUNT \$
	CURRENT MONTHLY GROSS WAIVED INCOME \$ DO YOU EXPECT THIS WAIVED INCOME TO CHANGE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE WAIVED INCOME WILL CHANGE AND EXPECTED WAIVED INCOME AMOUNT \$

THIS ATTACHMENT FORM IS COMPLETE. RETURN TO THE APPLICATION FORM. YOUR CERTIFICATION, SIGNATURE AND DATE ON THE APPLICATION FORM APPLIES TO THIS ATTACHMENT.

