



VA Pension Workbook

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DOCUMENTS THAT ARE REQUIRED

- _____ DD 214, or equivalent, for all periods of service
- _____ Marriage certificate
- _____ Veteran's death certificate, if claimant is a surviving spouse or eligible child.
Must show cause of death.
- _____ Voided check, if pension is to be deposited into a checking account or a Standard Form 1199A, if pension is to be deposited into a savings account.

IF IN RESIDENTIAL CARE, ADULT DAYCARE, OR SIMILAR FACILITY

- _____ Worksheet for Residential Care, Adult Daycare, or a Similar Facility. This form is on page 16 of the VA form 21P-527EZ (veteran's pension claim form) or page 19 of the VA form 21P-534EZ (surviving spouse's pension claim form). It must be filled out and signed by the administrator or licensed medical professional of the facility.
- _____ VA form 21-2680, if residing in an assisted living facility. This form must be signed by a Physician, Physician Assistant, Certified Nurse Practitioner, or Clinical Nurse Specialist.
- _____ Copy of lease agreement with assisted living facility showing the monthly cost. This agreement must be signed by an administrator of the facility.
- _____ If you pay more than basic rent, you must provide a list of services the facility provides and the cost of each of those services.
- _____ Proof of payment from facility, such as a canceled check, bank statement, or receipt.
- _____ For veterans under the age of 65 only, you must submit proof of permanent and total disability. If you're on SSDI, no other proof is required.

IF RESIDING IN A NURSING HOME

- _____ VA form 21-0779. This form must be filled out and signed by an administrator.

IF RECEIVING IN-HOME CARE

- _____ Worksheet for In-Home Attendant Expenses. This form is on page 17 of the VA form 21P-527EZ (veteran's pension claim form) or page 20 of the VA form 21P-534EZ (surviving spouse's pension claim form). It must be filled out by the agency administrator, if an agency is providing your care, or your in-home care provider if it's not an agency.
- _____ Proof of payment from care provider, such as a canceled check, bank statement, or receipt.

IF APPLYING FOR DEPENDENT CHILD

- _____ Child's birth certificate showing veteran as the parent
- _____ Adoption decree or revised birth certificate, if child is adopted
- _____ VA form 21-674, if child is over the age of 18 and under the age of 23
- _____ Medical records for each child who is permanently incapable of self-support

This is not the actual application, it is only a worksheet. After you have completed this, please contact our office to make an appointment so we can complete the claim.

Veteran's full name: _____

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

Veteran's address: _____

Veteran's phone number: _____

Veteran's email address: _____

Spouse's full name: _____

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

Spouse's address: _____

Spouse's phone number: _____

Spouse's email address: _____

Marriage Information: This is not optional and includes your marriage to the person listed above. If you do not know exact dates of previous marriages, please provide your best estimate. We must provide a date (month, day, and year) for all marriages plus their ending dates, if applicable. No supporting documentation is required with the exception of the marriage certificate from your current marriage, if applicable.

Veteran's marriages:

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

Spouse's marriages:

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

Medical Expenses: These help determine eligibility for the pension. The VA will look at your gross household income from all sources and adjust it for medical expenses you pay out of pocket and expect to pay indefinitely. These are normally things like Medicare, supplemental health care insurance, in-home care payments, assisted living payments, and nursing home payments. Co-pays for doctor visits and medications are generally not accepted because payments like that change from month-to-month and are not consistent. You can also claim last illness and burial expenses of a spouse at any time prior to the end of the year following the year of death. Lastly, you can claim educational or vocational rehabilitation expenses you paid for courses of education including tuition, fees, and materials. Do not include any expenses for which you or your dependents were or will be reimbursed. A few examples are provided.

Purpose	Amount Paid	Name of Provider	For Whom Paid
Example: Health Insurance	\$350.00	Medicare	Self/Spouse
Example: Supplemental Health Insurance	\$400.00	BlueCross/ BlueShield	Self/Spouse
Example: Home Health Care	\$9,000.00	Acme Home Health	Self
Example: Funeral Expenses	\$6,500.00	Smith Funeral Home	Spouse

Direct Deposit Information

Checking OR Savings

Account number: _____

Financial Institution: _____

Routing Number: _____

Social Security Income Only

Recipient (veteran, spouse, child, parent): _____

Current gross monthly amount (before Medicare is deducted): _____

Recipient (veteran, spouse, child, parent): _____

Current gross monthly amount (before Medicare is deducted): _____

Recipient (veteran, spouse, child, parent): _____

Current gross monthly amount (before Medicare is deducted): _____

Assets

1. Do you or your dependents (spouse and/or dependent child) have over \$25,000 in assets (not including your primary residence)? Yes No

2. If no, what is the total value of your assets? \$ _____

3. In the three calendar years before this year, did you or your dependents transfer any assets (examples include giving assets away, selling assets, purchasing an annuity, or using assets to establish a trust)? Yes No

4. Do you or your dependents own your primary residence? Yes No

5. Is the size of the lot on which it sits over two acres? Yes No

6. If yes, what is the value of the land over two acres? _____

7. If yes, is the land over two acres marketable? Yes No

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

IF YOUR ONLY INCOME IS SOCIAL SECURITY AND YOU ANSWERED “NO” TO THE QUESTIONS ABOVE, WITH THE EXCEPTION OF #6, YOU DO NOT NEED TO FILL OUT THE REMAINDER OF THIS WORKBOOK.

Exception: Veterans under the age of 65 need to fill out the following page. Surviving spouses under the age of 65 do not have to.

For Veterans Under the Age of 65 Only

Disabilities that prevent you from working: _____

Approximate date disabilities began: _____

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

Dates of recent hospitalization care: _____

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

When did you last work? _____

How many hours per week did you average? _____

What was your job title? _____

What kind of work did you do? _____

If you fill out any of the following pages (pages 7-16), you must submit the following proof or forms:

_____ **Page 7 – Income:** Proof of all sources of income.

_____ **Page 8 – Income and Net Worth Associated with Financial Accounts:** Proof of all financial accounts listed, along with proof of monthly income received from your account(s).

_____ **Page 9 – Income and Net Worth Associated with Owned Assets:**
Farm – VA form 21P-4165
Business or Rental Property – VA form 21P-4185

_____ **Page 10 – Income and Net Worth Associated with Royalties:** Documentation showing the sellability, value, and income of asset.

_____ **Page 11 – Asset Transfers:** Proof of Fair Market Value of asset and proof of sale price.

_____ **Page 12 – Trusts:** Proof when trust was established, current statement showing surrender value and monthly payments, and schedule of assets.

_____ **Page 13 – Annuities:** Proof when annuity was established and current statement showing surrender value and monthly payments.

_____ **Page 14 – Assets Not Previously Reported:** Proof of value of assets.

_____ **Page 15 – Discontinued or Irregular Income:** Proof of closed accounts, current statement showing non-receipt of income, W-2G, etc.

_____ **Page 16 – Waiver of Receipt of Income:** Proof of income waived. Waived Social Security in order to get a higher amount is acceptable and not counted as income.

Income you and your dependents currently receive (not including income attached to physical assets, financial accounts, or other type of net worth)

Who is the recipient (veteran, spouse, child, parent)? _____

Type of income: Civil Service Wages Unemployment

Pension/Retirement Other _____

Income payer: _____

Current gross monthly income: _____

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Pension/Retirement Other _____

Income payer: _____

Current gross monthly income: _____

Who is the recipient (veteran, spouse, child, parent)? _____

Type of income: Civil Service Wages Unemployment

Pension/Retirement Other _____

Income payer: _____

Current gross monthly income: _____

Who is the recipient (veteran, spouse, child, parent)? _____

Type of income: Civil Service Wages Unemployment

Pension/Retirement Other _____

Income payer: _____

Current gross monthly income: _____

Income and net worth associated with financial accounts (assets that generate income such as checking and savings accounts, stocks, bonds, annuities, etc.)

Who is the recipient (veteran, spouse, child, parent)? _____

Type of income: Interest Dividends Other _____

Income payer: _____

Value of account: _____

Who is the recipient (veteran, spouse, child, parent)? _____

Type of income: Interest Dividends Other _____

Income payer: _____

Value of account: _____

Who is the recipient (veteran, spouse, child, parent)? _____

Type of income: Interest Dividends Other _____

Income payer: _____

Value of account: _____

Who is the recipient (veteran, spouse, child, parent)? _____

Type of income: Interest Dividends Other _____

Income payer: _____

Value of account: _____

Who is the recipient (veteran, spouse, child, parent)? _____

Type of income: Interest Dividends Other _____

Income payer: _____

Value of account: _____

Income and net worth associated with owned assets (physical assets that generate income such rental property and farm and business earnings)

Who is the recipient (veteran, spouse, child, parent)? _____

Gross monthly income: _____

What is the value of your portion of the property? _____

Who is the recipient (veteran, spouse, child, parent)? _____

Gross monthly income: _____

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Gross monthly income: _____

What is the value of your portion of the property? _____

Who is the recipient (veteran, spouse, child, parent)? _____

Gross monthly income: _____

What is the value of your portion of the property? _____

Income and net worth associated with royalties and other properties (intellectual property, which includes acting, written works, inventions; mineral rights; other land use, etc.)

Who is the recipient (veteran, spouse, child, parent)? _____

Type of income: Intellectual Property Extraction of Minerals/Lumber

Use of Other Land Other _____

Gross monthly income: _____

Fair Market Value (FMV) of asset: _____

Can this asset be sold? Yes No

Explain any mitigating circumstances that prevent the sale of this asset: _____

Who is the recipient (veteran, spouse, child, parent)? _____

Type of income: Intellectual Property Extraction of Minerals/Lumber

Use of Other Land Other _____

Gross monthly income: _____

Fair Market Value (FMV) of asset: _____

Can this asset be sold? Yes No

Explain any mitigating circumstances that prevent the sale of this asset: _____

Asset transfers (include the current year and prior three tax years)

Who is the recipient (veteran, spouse, child, parent)? _____

How was the asset transferred? Sold Gave away Conveyed Traded

Other _____

What asset was transferred? _____

Who received the asset? _____

Relationship to new owner: _____

Was the sale reported to the IRS? _____ Date of transfer: _____

Transferred for less than FMV? _____ FMV when transferred: _____

Sale price: _____ What was the gain? _____

Who is the recipient (veteran, spouse, child, parent)? _____

How was the asset transferred? Sold Gave away Conveyed Traded

Other _____

What asset was transferred? _____

Who received the asset? _____

Relationship to new owner: _____

Was the sale reported to the IRS? _____ Date of transfer: _____

Transferred for less than FMV? _____ FMV when transferred: _____

Sale price: _____ What was the gain? _____

Trusts

Date trust established: _____

Market value of all assets within the trust at time of establishment: _____

Type of trust: Revocable Irrevocable Burial trust

Have you transferred funds to it since established? _____

Date funds transferred: _____ How much? _____

Are you receiving income from trust? _____ Annual income: _____

Is it being used to pay for or to reimburse someone for your medical expenses? _____

How much is being reimbursed monthly? _____

Was the trust established for a child of the veteran who was incapable of self-support prior to reaching the age of 18? _____

Do you have any additional authority of control of the trust? _____

Date trust established: _____

Market value of all assets within the trust at time of establishment: _____

Type of trust: Revocable Irrevocable Burial trust

Have you transferred funds to it since established? _____

Date funds transferred: _____ How much? _____

Are you receiving income from trust? _____ Annual income: _____

Is it being used to pay for or to reimburse someone for your medical expenses? _____

How much is being reimbursed monthly? _____

Was the trust established for a child of the veteran who was incapable of self-support prior to reaching the age of 18? _____

Do you have any additional authority of control of the trust? _____

Annuities

Date annuity was established: _____

Market value at time of purchase: _____

Have you added funds to it in the current or prior three years? _____

Date funds added: _____ How much? _____

Is this annuity revocable or irrevocable? _____

Do you receive income from it? _____ If yes, annual amount: _____

Can it be liquidated? _____ If yes, provide surrender value: _____

Date annuity was established: _____

Market value at time of purchase: _____

Have you added funds to it in the current or prior three years? _____

Date funds added: _____ How much? _____

Is this annuity revocable or irrevocable? _____

Do you receive income from it? _____ If yes, annual amount: _____

Can it be liquidated? _____ If yes, provide surrender value: _____

Date annuity was established: _____

Market value at time of purchase: _____

Have you added funds to it in the current or prior three years? _____

Date funds added: _____ How much? _____

Is this annuity revocable or irrevocable? _____

Do you receive income from it? _____ If yes, annual amount: _____

Can it be liquidated? _____ If yes, provide surrender value: _____

Assets not previously reported (non-interest bearing accounts, cash, art, valuable collectibles, real estate, etc.)

Who is the owner (veteran, spouse, child, parent)? _____

Value of their portion of the property: _____

Specify asset: _____

Value of asset: _____

Location of asset: _____

Who is the owner (veteran, spouse, child, parent)? _____

Value of their portion of the property: _____

Specify asset: _____

Value of asset: _____

Location of asset: _____

Who is the owner (veteran, spouse, child, parent)? _____

Value of their portion of the property: _____

Specify asset: _____

Value of asset: _____

Location of asset: _____

Who is the owner (veteran, spouse, child, parent)? _____

Value of their portion of the property: _____

Specify asset: _____

Value of asset: _____

Location of asset: _____

Discontinued or irregular income (received during the current reporting period if already receiving a VA pension, or the previous three previous calendar years if this is the initial application)

Discontinued income examples: discontinued wages, unemployment income, interest or dividends from depleted accounts, lottery or gambling winnings.

Irregular income examples: income that occurred at a regular interval but not monthly, income that only occurred once, income received several times at irregular intervals or irregular amounts.

Who is the recipient (veteran, spouse, child, parent)? _____

Frequency of income: Recurring Irregular One-time payment

Date income last paid: _____

Income payer (business, financial institution): _____

Type of income received: _____

Gross annual amount reported to IRS: _____

Who is the recipient (veteran, spouse, child, parent)? _____

Frequency of income: Recurring Irregular One-time payment

Date income last paid: _____

Income payer (business, financial institution): _____

Type of income received: _____

Gross annual amount reported to IRS: _____

Who is the recipient (veteran, spouse, child, parent)? _____

Frequency of income: Recurring Irregular One-time payment

Date income last paid: _____

Income payer (business, financial institution): _____

Type of income received: _____

Gross annual amount reported to IRS: _____

Waiver of receipt of income (income you are entitled to receive but have chosen not to accept at this time)

Who is the recipient (veteran, spouse, child, parent)? _____

Income payer (business, financial institution): _____

If the income resumes, what amount do you expect to receive? _____

Date payments will resume: _____

Waived gross monthly income: _____

Who is the recipient (veteran, spouse, child, parent)? _____

Income payer (business, financial institution): _____

If the income resumes, what amount do you expect to receive? _____

Date payments will resume: _____

Waived gross monthly income: _____

Who is the recipient (veteran, spouse, child, parent)? _____

Income payer (business, financial institution): _____

If the income resumes, what amount do you expect to receive? _____

Date payments will resume: _____

Waived gross monthly income: _____