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

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN

Department of Veterans Affairs

IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT (VETERAN WITH NO CHILDREN) 6

YOUR COMPLETE MAILING ADDRESS

VA FILE NUMBER

VA REGIONAL OFFICE RETURN ADDRESS

IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21-0510) prior to completing this form.

1A. YOUR SOCIAL SECURITY NUMBER

1B. YOUR SPOUSE'S SOCIAL SECURITY NUMBER

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 estranged from your spouse.) Show the amount you contributed to your spouse's support during the last 12 months $ _____

If you separated within the last 12 months, show the date of separation _____

(3) ☐ NOT MARRIED (You have never married or are now divorced or widowed.) If your marriage ended within the last 12 months, show the date of divorce or death _____

3. NUMBER OF UNMARRIED, DEPENDENT CHILDREN *(See Paragraph 1 of the EVR Instructions, VA Form 21-0510)*

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?

☐ YES ☐ NO *(If "Yes," Complete Items 4B thru 4D. If "No," go to Item 5.)*

4B. SHOW THE DATE YOU ENTERED THE NURSING HOME

4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF NURSING HOME *(Please include Zip Code)*

4D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME FEES?

☐ YES ☐ NO

4E. SHOW THE DATE YOUR MEDICAID COVERAGE STARTED

5. DID EITHER YOU OR YOUR SPOUSE RECEIVE ANY WAGES OR WERE EITHER OF YOU EMPLOYED AT ANY TIME DURING THE PAST 12 MONTHS?

☐ YES ☐ NO

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)* _____

(Continued on Next Page)

7A. MONTHLY INCOME *(Read Paragraphs 2 and 3 of the EVR Instructions)*		
GROSS MONTHLY AMOUNTS *(If no income was received from a particular source, write "0" or "none." VA WILL INTERPRET A BLANK SPACE AS "NONE" or "0.")*		
SOURCE	VETERAN	SPOUSE
SOCIAL SECURITY	$	$
U.S. CIVIL SERVICE		
U.S. RAILROAD RETIREMENT		
BLACK LUNG BENEFITS		
MILITARY RETIREMENT		
OTHER *(Show Source)*		
OTHER *(Show Source)*		

7B. ANNUAL INCOME *(Read Paragraphs 2 and 4 of the EVR Instructions)*

If no income was received from a particular source, write "0" or "none." VA WILL INTERPRET A BLANK SPACE AS "NONE" OR"0."

NOTE: Report annual income for the dates indicated. If no dates are shown above the columns that follow, then report last calendar year (January through December) income in the left-hand column and current calendar year income in the right-hand column.

SOURCE	VETERAN		SPOUSE	
	FROM: THRU:	FROM: THRU:	FROM: THRU:	FROM: THRU:
GROSS WAGES FROM ALL EMPLOYMENT	$	$	$	$
TOTAL INTEREST AND DIVIDENDS				
ALL OTHER *(Show Source)*				
ALL OTHER *(Show Source)*				

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.)*

7D. WHAT INCOME CHANGED? *(Show what income changed, for example, wages, city pension, etc.)*	7E. WHEN DID THE INCOME CHANGE? *(Show the dates you received any new income or the date income changed)*	7F. HOW DID INCOME CHANGE? *(Explain what happened; for example, quit work, got raise, received inheritance)*

7G. NET WORTH *(Read Paragraph 5 of the EVR Instructions)*

SOURCE	VETERAN	SPOUSE
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		

8. MEDICAL EXPENSES *(Read Paragraph 6 of the EVR Instructions)*

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 21-8416, 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.

9. VETERAN'S EDUCATIONAL AND VOCATIONAL REHABILITATION EXPENSES *(Read Paragraph 7 of the EVR Instructions)*

Show amounts paid by you during the last 12 months. DO NOT REPORT DEPENDENTS' EXPENSES.	$

10A. SIGNATURE OF VETERAN *(Read paragraph 9 of the EVR Instructions before signing)*	10B. DATE SIGNED

10C. TELEPHONE NUMBERS *(Include Area Code)*

DAYTIME	EVENING

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.