

SECTION VII Tell us the net worth of you and your dependents

Note: If you are filing this application on behalf of a minor or incompetent child of the veteran and you are the child's custodian, you must report your net worth as well as the net worth of the child for whom benefits are claimed.

VA cannot pay you pension if your net worth is sizeable. Net worth is the market value of all interest and rights you have in any kind of property less any mortgages or other claims against the property. However, net worth does not include the house you live in or a reasonable area of land it sits on. Net worth also does not include the value of personal things you use everyday like your vehicle, clothing, and furniture. You must report net worth for yourself and all persons for whom you are claiming benefits.

For Items 33a through 33f, provide the amounts. If none, write "0" or "None."

Source	Surviving spouse or Custodian of children	Child(ren)		
		Name: <i>(first, middle initial, last)</i>	Name: <i>(first, middle initial, last)</i>	Name: <i>(first, middle initial, last)</i>
33a. Cash, bank accounts, certificates of deposit (CDs)	DIC Only			
33b. IRAs, Keogh Plans, etc.				
33c. Stocks, bonds, mutual funds				
33d. Value of business assets				
33e. Real property (not your home)				
33f. All other property				

SECTION VIII Tell us about the income of you and your dependents

Payments from any source will be counted, unless the law says that they don't need to be counted. Report all income, and VA will determine any amount that does not count.

Note: If you are filing this application on behalf of a minor of whom you are the custodian, you must report your income as well as the income of each child for whom benefits are claimed.

Report the total amounts before you take out deductions for taxes, insurance, etc. Do not report the same information in both tables. If you expect to receive a payment, but you don't know how much it will be, write "Unknown" in the space. If you do not receive any payments from one of the sources that we list, write "0" or "None" in the space. If you are receiving monthly benefits, give us a copy of your most recent award letter. This will help us determine the amount of benefits you should be paid.

34a. Have you claimed or are you receiving benefits from the Social Security Administration on your own behalf or on behalf of child(ren) in your custody? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," answer item 34b)</i>	34b. Is Social Security based on your own employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
35. Has a surviving spouse or child filed a claim for compensation from the Office of Worker's Compensation Programs based on the death of the veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	36. Has a court awarded damages based on the death of the veteran or is a claim or legal action for damages pending? <input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you claimed or are you receiving Survivor Benefit Plan (SBP) annuity from a service department based on the death of the veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION VIII Tell us about the income of you and your dependents (continued)

Monthly Income - Tell us the income you and your dependents receive every month

Sources of recurring monthly income	Surviving spouse or Custodian of children	Child(ren)		
		Name: <i>(first, middle initial, last)</i>	Name: <i>(first, middle initial, last)</i>	Name: <i>(first, middle initial, last)</i>
38a. Social Security	DIC Only			
38b. U.S. Civil Service				
38c. U.S. Railroad Retirement				
38d. Military Retirement				
38e. Black Lung Benefits				
38f. Supplemental Security Income (SSI)/ Public Assistance				
38g. Other income received monthly (Please write source below:)				

Expected income next 12 months - Tell us about other income for you and your dependents

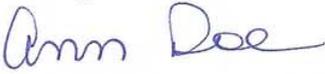
Report expected income for the 12 month period following the veteran's death. If the claim is filed more than one year after the veteran died, report the expected income for the 12 month period from the date you sign this application.

Sources of income for the next 12 months	Surviving spouse or Custodian of children	Child(ren)		
		Name: <i>(first, middle initial, last)</i>	Name: <i>(first, middle initial, last)</i>	Name: <i>(first, middle initial, last)</i>
39a. Gross wages and salary				
39b. Total dividends and interest				
39c. Other income expected (Please write source below:)				
39d. Other income expected (Please write source below:)				

SECTION XI Give us your signature

1. Read the box that starts, "I certify and authorize the release of information:"
2. Sign the box that says, "Your signature."
3. If you sign with an "X," then you must have 2 people you know witness you as you sign. They must then sign the form and print their names and addresses also.

I certify and authorize the release of information:
 I certify that the statements in this document are true and complete to the best of my knowledge. I authorize any person or entity, including but not limited to any organization, service provider, employer, or government agency, to give the Department of Veterans Affairs any information about me except protected health information, and I waive any privilege which makes the information confidential.

44. Your signature 	45. Today's date <u>05/11/2009</u> mo day yr
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46a. Signature of witness (If claimant signed above using an "X")	46b. Printed name and address of witness
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47a. Signature of witness (If claimant signed above using an "X")	47b. Printed name and address of witness
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SECTION XII

Remarks - Use this space for any additional statements that you would like to make concerning your application.

IMPORTANT

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 to be false, or for the fraudulent acceptance of any payment which you are not entitled to.

48. Remarks (If you need more space to answer a question or have a comment about a specific item number on this form please identify your answer or statement by the part and item number)
 I am claiming DIC due to my late husband died of a complication of Service Connected Diabetes II.



Department of Veterans Affairs

OMB Approved No. 2900-0005
Respondent Burden: 1 hour and 12 minutes

DO NOT WRITE IN THIS SPACE
(VA DATE STAMP)

Application for Dependency and Indemnity Compensation by Parent(s) (Including Accrued Benefits and Death Compensation when Applicable), VA Form 21-535

Please read the attached "General Instructions" before you fill out this form.

SECTION I Tell us what you and the deceased veteran have applied for	1. Did the veteran ever file a claim with VA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "Yes," answer Item 2)	2. What is the VA file number? _____
	3. Have you ever filed a claim with VA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "Yes," answer Items 4 through 6)	4. What is the VA file number? _____
	5. Based on whose service was the claim was filed? _____ First Middle Last	
	6. What is your relationship to that person? _____	
	7. What is the veteran's name? John E. Doe First Middle Last Suffix (If applicable)	
	8. What is the veteran's Social Security number (SSN)? 123-45-6789	9a. Did the veteran serve under another name? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "Yes," answer Item 9b)
9b. Please list the other name(s) the veteran served under _____	10. What is the veteran's date of birth? 04/01/80 mo day yr	
11. What is the veteran's date of death? 04/15/04 mo day yr		
12. What is your name? <i>Note: If both parents of the veteran are jointly claiming benefits, provide both full names.</i> Mother: Ann Doe First Middle Last Father: John Allen Doe First Middle Last		
13. What is your address? 100 Veteran Avenue Street address, Rural Route, or P.O. Box Apt. number Raleigh, North Carolina 27999 City State ZIP Code Country		
14. What are your telephone numbers? (Include Area Code) Daytime (919) 777-1234 Evening (919) 777-4321	15. What is your e-mail address? _____	
16. What is your Social Security number? <i>Note: If both parents of the veteran are jointly claiming benefits, provide both SSNs.</i> Mother: 987-65-4321 Father: 111-22-3333	17. What is your date of birth? <i>Note: If both parents of the veteran are jointly claiming benefits, provide both dates of birth.</i> Mother: 08/15/50 Father: 07/04/48 mo day yr mo day yr	

Attach a copy of the death certificate unless the veteran died while serving in the Army, Navy, Air Force, Marine Corps, or Coast Guard, or as a commissioned officer in the National Oceanic and Atmospheric Administration, Coast and Geodetic Survey, Environmental Science Services Administration, or Public Health Service, or in a hospital or institution under the control of the U.S. government.

SECTION III Tell us about the veteran's active duty service

1. Enter complete information for all periods of service. If more space is needed use Item 44 "Remarks."

2. If the veteran never filed a claim with VA, attach the original DD214 or a certified copy for each period of service listed. We will return original documents to you.

Note: Skip to Section IV if the veteran was receiving VA compensation or pension at the time of his/her death.

18a. Entered Active Service (first period) 04/15/1998 mo day yr	18b. Place Raleigh, NC	18c. Service Number 123456789	
18d. Left This Active Service 04/15/2004 mo day yr	18e. Place Ft. Bragg, NC	18f. Branch of Service Army	18g. Grade, Rank or Rating Sgt. E-5
18h. Entered Active Service (second period) _____ mo day yr	18i. Place	18j. Service Number	
18k. Left This Active Service _____ mo day yr	18l. Place	18m. Branch of Service	18n. Grade, Rank or Rating

SECTION IV Tell us about the veteran's parents

Provide a copy of the veteran's public record of birth or a copy of the court record of adoption if the veteran was adopted.

Definitions:

Parent means a biological mother or father, adoptive mother or father, and a foster mother or father. A foster parent is a person who stood in the relationship of a parent to a veteran for at least one year before the veteran's last entry into active service. The foster relationship must have begun prior to the veteran's 21st birthday. If you are claiming benefits as the foster parent of the veteran, you will also need to complete VA Form 21-524, *Statement of Person Claiming To Have Stood in Relation of Parent*. If you need a copy of this form, you may contact VA as shown on page 1, of the General Instructions or download the form from our website at <http://www.va.gov/vaforms/>. **Note:** Only one father and one mother can be recognized for benefit payment purposes.

The age of majority is determined by State law and is age 18 in most States. Contact your State government for more information.

Parental control is considered to have been given up if the parent has ceased to provide for the child and the normal parent/child relationship has been broken.

19. What is the name of the veteran's mother? If deceased, provide date of death.

Ann Doe

First Middle Last

mo day yr

20. What is the name of the veteran's father? If deceased, provide date of death.

John Allen Doe

First Middle Last

mo day yr

21. What is the name of the veteran's foster mother? (If none, write "none.") If deceased, provide date of death.

First Middle Last

mo day yr

22. What is the name of the veteran's foster father? (If none, write "none.") If deceased, provide date of death.

First Middle Last

mo day yr

SECTION IV (Continued)

Tell us about the veteran's parents

23a. Was the veteran a member of your household or under your parental control at all times before he/she reached the age of majority?

Yes No

(If "NO," answer Items 23b through 23d.)

23b. Date of parental control.

_____	to	_____
mo day yr		mo day yr
_____	to	_____
mo day yr		mo day yr

23c. Why wasn't the veteran a member of your household or under your parental control at all times before he/she reached the age of majority? *(Explain fully)*

23d. Name and address of each person who assumed parental control over the veteran outside the date(s) shown in item 23b.

_____	_____	_____
First	Middle	Last
_____	_____	_____
First	Middle	Last

SECTION V Tell us about your marital history

24. What is your marital status? (Check one)

Married and live with other parent of veteran

Married and live with spouse who is not the other parent of veteran

Separated, married but not living with spouse What was the date of separation? _____
mo day yr

What was the cause of the separation? Give the reason, date(s), and duration of the separation. If the separation was by court order, attach a copy of the order.

Divorced What was the date of divorce? _____
mo day yr

Widowed What was the date of your spouse's death? _____
mo day yr

Never married If never married, skip to Section VI.

25. What is your spouse's name?

_____	_____	_____
First	Middle	Last

26. What is your spouse's date of birth?
_____ mo day yr

27. What is your spouse's Social Security number?
987-65-4321

28a. Is your spouse also a veteran?
 Yes No
(If "Yes," answer Item 28b also)

28b. What is your spouse's VA file number (if any)?

<p>SECTION VI Tell us if you are in a nursing home or require aid and attendance</p> <p>If you answered "yes" to item 29 and are not in a nursing home, submit a statement from your doctor showing the extent of your disabilities. If you are in a nursing home, attach a statement signed by an official of the nursing home showing the date you were admitted to the nursing home, the level of care you receive, and the amount you pay-out-of-pocket for your care.</p>	<p>29. Are you claiming the aid and attendance allowance because you need the regular assistance of another person or have severe visual problems?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="text-align: center;"><i>(If "No," skip to Section VII.)</i></p>	<p>30a. Are you now in a nursing home?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><i>(If "YES," answer Items 30b also.)</i></p>
<p>SECTION VII Tell us about the income of you and your spouse</p> <p>Payments from any source will be counted, unless the law indicates that they don't need to be counted. Report all income in the tables below, and VA will determine any amount that does not count.</p>	<p>Report the total amounts before you take out deductions for taxes, insurance, etc. Do not report the same income in both tables. If you expect to receive a payment, but you don't know how much it will be, write "Unknown" in the space. If you do not receive any payments from one of the sources that we list, write "0" or "None" in the space. If you are receiving monthly benefits, give us a copy of your most recent award letter. This will help us determine the amount of benefits you should be paid.</p>	
	<p>31. Have you claimed or are you receiving benefits from the Social Security Administration?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>32. Have you filed a claim for compensation from the Office of Worker's Compensation Programs based on the death of the veteran?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
	<p>33. Has a court awarded damages based on the death of the veteran or is a claim or legal action for damages pending?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

Monthly Income-Tell us the income you and your spouse receive every month

Note: If you are filing this application as the guardian or custodian of the veteran's parent, do not report your own income.

Sources of recurring monthly income	Parent	Spouse (if living together)
34a. Social Security	\$ 400.00	\$ 600.00
34b. U.S. Civil Service	0.00	0.00
34c. U.S. Railroad Retirement	0.00	0.00
34d. Military Retirement	0.00	0.00
34e. Black Lung Benefits	0.00	0.00
34f. Other income received monthly <i>(Please write source below)</i>	0	0
34g. Other income received monthly <i>(Please write source below)</i>	0	0

Annual Income by Calendar Year - Tell us about annual income for you and your spouse

Report income received from January 1 to the date of the veteran's death. If the claim is filed more than one year after the veteran died, report the income you received from January 1 to the date you sign this application.

Sources of annual income	Parent	Spouse (if living together)
35a. Gross wages and salary	\$ 0.00	\$ 0.00
35b. Total dividends and interest	0.00	0.00
35c. Life insurance	0.00	0.00
35d. Other income expected (Please write source below)	0	0

SECTION VIII

Tell us about medical, last illness and burial or other reimbursed expenses

Family medical expenses and certain other expenses actually paid by you may be deductible from your income. Show the amount of any continuing family medical expenses such as the monthly Medicare deduction or nursing home fees you pay. Also, show unreimbursed last illness and burial expenses you paid. Last illness and burial expenses are unreimbursed amounts paid by you for the last illness and burial of the veteran or your spouse at any time prior to the end of the year following the year of death. Show medical, legal or other expenses you paid because of a claim for compensation for injury or death for which civilian disability or death benefits have been awarded. When determining your countable income, we may be able to deduct these expenses from the disability benefits for the year in which the expenses are paid. **Do not** include any expenses for which you were reimbursed. If you receive reimbursement after you have filed this claim, promptly advise the VA office handling your claim. If more space is needed, attach a separate sheet.

36a. Amount paid by you	36b. Date Paid	36c. Purpose (Medicare deduction, doctor's fees, burial expenses, etc.)	36d. Paid to (Name of Doctor, hospital, pharmacy, etc.)	36e. Relationship of person for whom expenses paid
\$	mo day yr	NONE		
\$	mo day yr			
\$	mo day yr			
\$	mo day yr			

SECTION IX

Give us direct deposit information

If benefits are awarded we will need more information in order to process any payments to you. Please read the paragraph starting with, "All Federal payments..." and then either:

1. Attach a voided check, or
2. Answer questions 37-39 to the right.

All Federal payments beginning January 2, 1999, must be made by electronic funds transfer (EFT), also called Direct Deposit. Please attach a voided personal check or deposit slip or provide the information requested below in Items 37, 38, and 39 to enroll in Direct Deposit. If you do not have a bank account, we will give you a waiver from Direct Deposit. Just check the box below in Item 37. The Treasury Department is working on making bank accounts available to you. Once these accounts are available, you will be able to decide whether you wish to sign-up for one of the accounts or continue to receive a paper check. You can also request a waiver if you have other circumstances that you feel would cause you a hardship to be enrolled in Direct Deposit. You can write to: Department of Veterans Affairs, 125 S. Main Street, Suite B, Muskogee, OK 74401-7004, and give us a brief description of why you do not wish to participate in Direct Deposit.

37. Account number (Please check the appropriate box and provide that account number, if applicable)

Checking I certify that I do not have an account with a financial institution or certified payment agent

Savings

Account number 001233210

38. Name of financial institution

First National Bank of NC

39. Routing or transit number

056123321

SECTION X Give us your signature

1. Read the box that starts, "I certify and authorize the release of information:"
2. Sign the box that says, "Your signature."
3. If you sign with an "X," then you must have two people you know witness you as you sign. They must then sign the form and print their names and addresses also.

I certify and authorize the release of information:
 I certify that the statements in this document are true and complete to the best of my knowledge. I authorize any person or entity, including but not limited to any organization, service provider, employer, or government agency, to give the Department of Veterans Affairs any information about me except protected health information, and I waive any privilege which makes the information confidential.

40a. Signature of mother, foster mother, guardian or custodian <i>Ann Doe</i>	40b. Today's date <u>05/11/2009</u> mo day yr
41a. Signature of father, foster father, guardian or custodian <i>John A. Doe</i>	41b. Today's date <u>05/11/2009</u> mo day yr
42a. Signature of witness (If claimant signed above using an "X")	42b. Printed name and address of witness
43a. Signature of witness (If claimant signed above using an "X")	43b. Printed name and address of witness

SECTION XI

Remarks - Use this space for any additional statements that you would like to make concerning your application.

IMPORTANT

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 to be false, or for the fraudulent acceptance of any payment which you are not entitled to.

44. Remarks (If you need more space to answer a question or have a comment about a specific item number on this form, please identify your answer or statement by the Section and item number)