OMB Approved No. 2900-0138 Respondent Burden: 15 minutes Expiration Date: 01/31/2023

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## VA DATE STAMP

(DO NOT WRITE IN THIS SPACE)

## REQUEST FOR DETAILS OF EXPENSES

**IMPORTANT:** Please read the Privacy Act and Respondent Burden on page 3 before completing the form. For mailing information see Page 3 of the application.

**INSTRUCTIONS** - We need additional information to determine whether you are entitled to benefits. Please complete all items. If an answer is "none" or "0" write that. For additional space, use Item 20, "Remarks," or attach a separate sheet indicating the item number to which the answers apply. If you have any questions or need assistance, please call 1-800-827-1000 (Hearing Impaired TDD line 711).

need assistance, please call 1-800-827-1000 (Hearing Impaired TDD line 711). NOTE: You may either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form. SECTION I: VETERAN'S PERSONAL INFORMATION (MUST COMPLETE) 1. VETERAN'S NAME (Last, first, middle) 2. VETERAN'S SOCIAL SECURITY NUMBER (SSN) 4. VETERAN'S DATE OF BIRTH (MM,DD,YYYY) 3. VA CLAIM NUMBER Day Year Month SECTION II: CLAIMANT'S PERSONAL INFORMATION (MUST COMPLETE) 5. CLAIMANT'S NAME (Last, first, middle) 8. CLAIMANT'S RELATIONSHIP TO VETERAN 7. CLAIMANT'S DATE OF BIRTH (MM,DD,YYYY) 6. CLAIMANT'S SOCIAL SECURITY NUMBER (SSN) Day Month Year 9. CLAIMANT'S MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country) No. & Street Apt./Unit Number City State/Province Country ZIP Code/Postal Code 11. PREFERRED E-MAIL ADDRESS (Optional) 10. TELEPHONE NUMBER(S) (Include Area Code) Daytime Evening **SECTION III - DEPENDENTS NOT LIVING WITH YOU** (List ONLY persons you support who DO NOT live with you) 12A. NAME 12B. AGE 12C. RELATIONSHIP 12D. AMOUNT YOU CONTRIBUTE TO SUPPORT \$ \$ \$ **SECTION IV - DEPENDENTS LIVING WITH YOU** (List ONLY persons you support who DO live with you) 13B. AGE 13C. RELATIONSHIP 13A. NAME

SECTION V - MONTHLY EXPENSES (EXCEPT MEDICAL) FOR YOU AND THOSE LISTED IN ITEM 13A AS LIVING WITH YOU								
	14A. ITEM	148	B. AMOUNT	14A. ITEM (Continued)		14B. AMOUNT(Continued)		
HOUSING		\$	UT	ILITIES		\$		
FOOD		\$	ED	UCATION OF CHILDREN		\$		
TAXES				OTHER (Specify)		\$	\$	
INTEREST		\$				\$		
CLOTHING		\$				\$		
		SE	CTION VI - HOSPITA	AL AND MEDICAL EXPENS	SES			
15A. DO YOU HAVE OR EXPECT TO HAVE ANY LARGE OR UNUSUAL HOSPITAL OR MEDICAL EXPENSES FOR YOURSELF AND OTHERS YOU SUPPORT AND LIVE WITH?  YES NO  15C. EXPLANATION					COST PER YEAR			
SECTION VII - EDUCATIONAL EXPENSES								E EDUCATIONS
16. DO YOU EXPECT TO MAKE PROVISIONS FOR YOUR CHILDREN'S EDUCATIONAL NEEDS, INCLUDING ADVANCED TECHNICAL OR COLLEGE EDUCATION?  YES NO								E EDUCATION?
SECTION VIII - EXPENSES OF LAST ILLNESS AND BURIAL OF VETERAN, SPOUSE, OR CHILD AND JUST DEBTS OF DECEASED VETERAN OR PARENT'S SPOUSE								
17A. NAME C	OF DECEASED PERSON (	(First-middle-	last)	17B. RELATIONSHIP TO YO	OU		17C. DA	ATE OF DEATH
			EVDENDITUDES FOR	SPOUSE CHIL		RENT		
				PERSON NAMED IN ITEM 17/				
NOTE - Furnish information concerning unreimbursed expense as follows:  A VETERAN - For his/her spouse's or child's last illness and burial.  A CHILD - For veteran's last illness, burial and just debts.  A PARENT - For his/her spouse's or veteran's last illness and burial and for his/her spouse's just debts.  A SPOUSE - For the last illness and burial of veteran's last illness, (paid before or after the veteran's death), burial and just debts and for the last illness and burial of veteran's child.								
18A. NAME AND ADDRESS OF PERSON TO WHOM PAID		18B. NATURE OF EXPENSES OR DEBT	18C. TOTAL AMOUNT OF EXPENSES OR DEBT				18E. DATE PAID	
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
SECTION IX - COMMERCIAL LIFE INSURANCE PAYMENTS								
NOTE: Unde veteran who d	NOTE: Under Public Law 108-454, VA may not count as income the lump sum proceeds of a life insurance policy on a reteran who dies after December 9, 2004. Proceeds from all other insurance payments may be countable.						NT	
19A.	-	R EXPECTED BY CLAIMANT \$						
19B.	EXPECTED OR ACTUA Item 12, Remarks)	RECEIPT (If paid by installments, explain payment schedule in tem 12, Remarks)						
19C.	NAME OF THE DECEASED FOR WHOM PAYMENT IS RECEIVED.							

VA FORM 21P-8049, JAN 2020 PAGE 2

SECTION X - REMARKS, CERTIFICATION AND SIGNATURE				
20. REMARKS				
<b>PENALTY</b> - The law provides severe penaltic knowing it to be false (18 U.S.C. §§ 1001-1002)	s which include fine or imprisonment, or both, for the willful subn	nission or any statement or evidence of a material fact,		
I CERTIFY THAT the foregoing statement(s)	are true and correct to the best of my knowledge and belief.			
21A. SIGNATURE OF CLAIMANT (Do not print	21B. DATE SIGNED			
		7		
	MAIL TO			
	Department of Veterans Affairs Pension Intake Center			
	PO Box 5365			
	Janesville, WI 53547-5365	_		
FEES FOR CLAIMS: Section 5904, Title 38, Uni	ted States Code (codified in § 14.636, Title 38, Code of Federal Regulati	ons) contains provisions regarding fees that may be charged,		
allowed, or paid for services provided by a VA-accre	edited attorney or agent in connection with a proceeding before the Depar y, a VA-accredited attorney or agent may charge you a fee for assisting in so	tment of Veterans Affairs with respect to a claim for benefits		
	may are agant has complied with the applicable power of atterney and the fo	a agraamant raguiramanta		

decision on the claim and the attorney or agent has complied with the applicable power-of-attorney and the fee agreement requirements

Privacy Act Information: The 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, Compensation, Pension, Education and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your response is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine entitlement to benefits. 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. You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated

Respondent Burden: We need this information to determine entitlement to pension or parent's dependency and indemnity compensation (38 U.S.C. 1503 and 1315). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 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 <a href="https://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

VA FORM 21P-8049, JAN 2020 PAGE 3