

**CHECKLIST FOR VA NON-SERVICE
CONNECTED DISABILITY PENSION APPLICATION**

1. Documentation to Collect and Send with Application:

- Identification: Copy of ID cards, Social Security cards or Medicare cards
- Veteran's DD-214 (certified copy)
- Marriage certificates for every marriage of Veteran and Spouse
- Divorce Decrees or Death Certificates – if applicable for terminated marriages
- Death Certificate of Veteran, if applicable (surviving spouse)
- Current Social Security Statements
- Current Pension/Income Statements
- Current Statements for all financial accounts and assets
- Documentation supporting monthly recurring care and medical expenses, including the Medicare supplement payment, Part D plan, prescriptions, bank statements, invoices, and/or receipts.
- Voided check/Bank account information for VA to deposit the pension once approved

2. Verify Wartime Period and Service Eligibility:

- World War I (April 6, 1917 – November 11, 1918)
- World War II (December 7, 1941 – December 31, 1946)
- Korean conflict (June 27, 1950 – January 31, 1955)
- Vietnam era (February 28, 1961 – May 7, 1975 for Veterans who served in the Republic of Vietnam during that period; otherwise August 5, 1964 – May 7, 1975)
- Gulf War (August 2, 1990 – through a future date to be set by law or Presidential Proclamation)
- Served 90 day consecutive period in active duty*

3. Confirm ALL Sources of Monthly Income

- | | |
|---|--|
| <input type="checkbox"/> VETERAN'S <i>gross</i> monthly income. | <input type="checkbox"/> SPOUSE'S <i>gross</i> monthly income. |
| \$ _____ Social Security | \$ _____ Social Security |
| \$ _____ pension | \$ _____ pension |
| \$ _____ long term care ins. | \$ _____ long term care ins. |
| \$ _____ RMD's | \$ _____ RMD's |
| \$ _____ other | \$ _____ other |

**Tax statements for all sources of income are encouraged in order to confirm exact gross amounts reported to the IRS which will be verified through the IRS income matching verification program used by the VA.

4. Confirm Monthly Recurring Medical and Care Expenses

- | | |
|--|---|
| <input type="checkbox"/> VETERAN'S Care Expenses | <input type="checkbox"/> SPOUSE'S Care Expenses |
| \$ _____ Medicare Part B | \$ _____ Medicare Part B |
| \$ _____ Medicare Part D | \$ _____ Medicare Part D |
| \$ _____ Medicare Supplement | \$ _____ Medicare Supplement |
| \$ _____ In-Home Care | \$ _____ In-Home Care |
| \$ _____ Assisted living | \$ _____ Assisted living |
| \$ _____ Prescriptions | \$ _____ Prescriptions |
| \$ _____ Other | \$ _____ Other |
| \$ _____ Other | \$ _____ Other |

**Completed Care Expense Worksheet (in the application) and additional information provided in the care expense statement must be provided to support care expenses. For additional care expenses, statements, invoices and payment records must be provided to show that the Veteran and/or spouse incurred the expenses.

5. Verify Net Worth (\$150,538.00 Net Worth Cap in 2023, which includes all assets in the Veteran's and the Spouse's names and Annual Income if not reduced by Care Expenses)

- Own a Residence
- Residence on more than 2 acres?
\$ _____ Value of Additional Acreage
- Bank account balances for any assets in the Veteran's and/or Spouse's name
 - \$ _____ Checking _____ % Annual Interest
 - \$ _____ Savings _____ % Annual Interest
 - \$ _____ Retirement Accounts (401k/IRA) _____ % Annual Interest
 - \$ _____ Money Market Accounts _____ % Annual Interest
 - \$ _____ Annuities _____ % Annual Interest
 - \$ _____ CD's (Certificate of Deposit) _____ % Annual Interest
 - \$ _____ Stocks/Bonds
 - \$ _____ Life Insurance (Cash Value)
 - \$ _____ Other
 - \$ _____ Other
- Transferred Assets after October 18, 2018?
- If yes, details of transfer:

- Penalty Period Calculated: (Value of Covered Asset Transfer ÷ Max Pension Amount (\$2,642 in 2023) = Months Penalized) _____ Months.

**Financial Statements for the month applying for all assets showing the current balance of each are recommend to be sent with the initial application.

6. Forms: *Current updated forms may be found at www.benefits.va.gov/pension*

- Veteran Application: 21P-527EZ (Jan 2021)
- Surviving Spouse Application: 21P-534EZ (Jul 2022)
- Authorization to Disclose Information to VA: 21-4142 (Jul 2021)
- Appointment of Individual as Claimant's Representative (must be accredited): 21-22a (Feb 2019)
- Examination for Housebound Status or Permanent Need for Regular Aid and Attendance (doctor to complete): 21-2680 (Sept 2018)
- Care Expense Statement (caregiver/facility to complete): no set form other than Worksheet within application but it is recommended to send additional information.
- Statement in Support of Claim (Form to provide additional information): 21-4138 (June 2021)

**Additional forms may be required depending on circumstances.