



Sheboygan County Veterans Service Office

Todd Richter
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Veterans Benefit Specialist

VA PENSION FOR VETERANS AND SURVIVORS

This is not the actual application, it is only a worksheet. After you have completed the worksheet, please call the Sheboygan County Veterans Service Office at (920) 459-3053 to make an appointment so the claim can be completed.

Veteran's full name (including maiden name, if applicable): DOB: _____

Veteran's SSN: _____ Telephone: _____

Spouse's full name (including maiden name, if applicable):

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

Address of person applying for benefits:

Previous marriage information: This information is not optional and **includes your marriage to the person listed above.** If you do not know exact dates, you must provide at least the month and year of previous marriages and their ending dates. No supporting documentation is required with the exception of the current marriage if the current spouse is not deceased.

Veteran's marriages (including current marriage):

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

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Telephone (920) 459-3053
Facsimile (920) 467-4195

Veterans Service Office
650 Forest Ave.
Sheboygan Falls, WI 53085

Veterans.Services@SheboyganCounty.com
www.sheboygancounty.com

Spouse's marriages (including current marriage):

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

Social Security (**gross amount before Medicare is taken out**)

Social Security	Veteran	Spouse
Gross Monthly Amount	\$	\$

 Do you or your dependents (spouse or dependent child) own your primary residence?

Yes No If yes, answer the following two questions:

What is the size of the lot on which the primary residence sits? _____ square feet

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

 Are you or your dependents receiving or expecting to receive any income other than Social Security? (Includes, but is not limited to, income from military retirement, civil service retirement, IRA, pensions, annuities, interest, dividends, etc.)

Yes No If yes, complete page 2 of [VA Form 21P-0969](#)

Are you or your dependents receiving or expecting to receive unemployment income in the next 12 months?

Yes No If yes, complete page 3 of VA form 21P-0969

Do you or your dependents own a savings bond or receive or expect to receive interest from a savings bond within the next 12 months?

Yes No If yes, complete page 4 of VA form 21P-0969

Are you or your dependents receiving or expecting to receive income from rental property, a farm, or a business within the next 12 months?

Yes No If yes, complete page 5 of VA form 21P-0969

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If you have or had income from a farm, you will also need to complete a [VA Form 21P-4165](#).

If you have or had income from rental property or a business, you will also need to complete a [VA Form 21P-4185](#).

Are you or your dependents receiving or expecting to receive interest, dividends, or royalties within the next 12 months?

Yes No If yes, complete page 6 of VA form 21P-0969

Are you or your dependents receiving wages or expecting to receive wages within the next 12 months?

Yes No If yes, complete page 7 of VA form 21P-0969

Did you or your dependents receive income last year that is no longer being received or did you receive a one-time payment last year?

Yes No If yes, complete page 8 of VA form 21P-0969

Do you or your dependents have assets not already reported, such as non-interest-bearing accounts, cash, stocks, bonds, or real estate?

Yes No If yes, complete section VIII on page 9 of VA form 21P-0969

In the current year and/or prior three tax years, did you or your dependents sell, convey, trade, or give away assets?

Yes No If yes, complete section IX on pages 9 and 10 of VA form 21P-0969

In the current year and/or the prior three tax years, did you or your dependents transfer any assets to a trust or purchase an annuity?

Yes No If yes, complete section X on page 10 of VA form 21P-0969

Did you or your dependents waive or expect to waive any receipt of income in the next 12 months?

Yes No If yes, complete page 11 of VA form 21P-0969

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Medical expenses: To determine eligibility for this pension benefit the VA looks at your gross household income from all sources and they only adjust it for the medical expenses you pay out-of-pocket that they can **reasonably presume will recur every month for at least the next 12 months**. These are things like Medicare, supplementary health insurance, and home health care. Co-pays for doctor visits and medications are generally not accepted because payments like that change from month-to-month. If you would still like to claim expenses like that, you must furnish a complete description of the expense and the reason you feel it should be allowed. A letter of verification from your health care provider would also be beneficial.

Purpose	Amount Paid By You	Date Paid	Name of Provider	For Whom Paid
Example: Medicare	\$1,608.00	01/2019-12/2019	Social Security	Self
Example: Health Insurance	\$3,000.00	01/2019-12/2019	BlueCross/BlueShield	Spouse
Example: Home Health Care	\$9,000.00	01/2019-12/2019	Acme Home Health	Self

Direct Deposit Information:

Checking Account Number: _____

OR

Savings Account Number: _____

Financial Institution: _____

Routing Number: _____

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Additional forms:

If you feel you're eligible for a higher pension rating based on the fact you're housebound or in need of regular aid and attendance, a [VA Form 21-2680](#) must be filled out by your doctor.

If you are claiming expenses for an assisted living facility, adult day care, or similar facility, page 11 of [21P-527EZ](#) (for veterans) or page 12 of [VA Form 21-534EZ](#) (for survivors) must be filled out by the provider.

If you are claiming expenses for in-home care, page 12 of the VA form 21P-527EZ (for veterans) or page 13 of VA form 21-534EZ (for survivors) must be filled out by the provider.

If you are living in a nursing home, a [VA Form 21-0779](#) must be filled out by the nursing home official.

You can get all of the above-mentioned forms at the [Sheboygan County Veterans Service Office](#) or online.

Next of Kin contact Info:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Email: _____

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