



TEHAMA COUNTY

VETERAN SERVICES OFFICE

444 Oak Street, Suite C Red Bluff, CA 96080

Andrew Norwood, Veteran Service Officer

Death Pension

90 days active with 1 day during wartime (unless discharged due to disability)* Net worth/assets less than approximately \$129,094 (not including home, vehicles or general belongings). Must meet certain income requirements based on specific program and need for care. *before 9/8/80 if enlisted or 10/16/81 if officer, otherwise longer service may be required.

Name: _____ C/SS: _____

Need Met

- _____ CDVA & AL
- _____ 21-22
- _____ 21-0966 (For all claims not completed the same day)
- _____ 21-4138 informal claim
- _____ DD214 or other Discharge Paperwork showing Wartime Service (original or certified copy) if Vet was not previously on Comp or Pension
- _____ SF 180 with copy of death certificate to request discharge from NPRC
- _____ 21-534EZ (draft with service/marriage/financial info completed)
- _____ Proof of Gross income from all sources (statement copy preferred)
- _____ Proof of assets (Copies of most recent statements)
- _____ 21-8416 if needed for expenses that don't fit on 21-534EZ
- _____ 21-2680 Aid & Attendance form (as appropriate based on spouse's condition)
- _____ Care expense report for caregiver/facility and proof of payment
- _____ 21-4138 how surviving spouse can afford care if expenses greater than resources
- _____ Copy of Trust and statement as to what assets are in trust as applicable
- _____ Copy of annuity contract and statement as to surrender value as applicable
- _____ Death certificate for Vet
- _____ Marriage Certificate
- _____ Prior marriage info for Vet and Spouse for all marriages
- _____ 21-0845 for one family member to contact VA

Bank _____ Routing# _____ Account# _____

Other _____

Feel free to bring any other useful evidence or information

Conditions: _____

Pension Worksheet

(For estimation purposes only. Does not determine actual eligibility.)

Deductible Expenses:

Medical Expenses:

Expense: _____ = \$ _____ / mo x12 = \$ _____ / yr

Expense: _____ = \$ _____ / mo x12 = \$ _____ / yr

Expense: _____ = \$ _____ / mo x12 = \$ _____ / yr

Expense: _____ = \$ _____ / mo x12 = \$ _____ / yr

Expense: _____ = \$ _____ / mo x12 = \$ _____ / yr

Expense: _____ = \$ _____ / mo x12 = \$ _____ / yr

Expense: _____ = \$ _____ / mo x12 = \$ _____ / yr

*claimant is responsible for \$ _____ if single, or \$ _____ if married of annual medical expenses

Other Deductible Expenses (last illness & burial, education, etc.):

Expense: _____ = \$ _____ / mo x12 = \$ _____ / yr

Expense: _____ = \$ _____ / mo x12 = \$ _____ / yr

Expense: _____ = \$ _____ / mo x12 = \$ _____ / yr

Expense: _____ = \$ _____ / mo x12 = \$ _____ / yr

*if applicable, subtract \$ _____ / yr

(b) TOTAL DEDUCTIBLE EXPENSES \$ _____ / yr

Monthly Income:

Source: _____ = \$ _____ / mo x12 = \$ _____ / yr

Source: _____ = \$ _____ / mo x12 = \$ _____ / yr

Source: _____ = \$ _____ / mo x12 = \$ _____ / yr

Source: _____ = \$ _____ / mo x12 = \$ _____ / yr

Source: _____ = \$ _____ / mo x12 = \$ _____ / yr

(a) TOTAL INCOME \$ _____ / yr

-(b) TOTAL DEDUCTIBLE EXPENSES \$ _____ / yr

(c) INCOME FOR VA PURPOSES (IVAP \$ _____ / yr

(d) APPLICABLE PENSION RATE \$ _____ / yr

- (c) IVAP \$ _____ / yr

ANNUAL PENSION \$ _____ / yr

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MONTHLY PENSION \$ _____ / yr