



10A. IS YOUR SPOUSE ALSO A VETERAN?  <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," answer Item 10B also. If "No," skip to Item 11.)</i>	10B. WHAT IS YOUR SPOUSE'S VA FILE NUMBER <i>(If any)?</i>
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11. DO YOU LIVE WITH YOUR SPOUSE?  <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," skip to Item 14A. If "No," answer Items 12 and 13 also.)</i>	12. WHAT IS YOUR SPOUSE'S ADDRESS?
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13. HOW MUCH DO YOU CONTRIBUTE MONTHLY TO YOUR SPOUSE'S SUPPORT?  
  
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**SECTION III - VETERAN'S UNMARRIED CHILDREN**

*NOTE: If any child is claimed as "seriously disabled" (Item 14H), it must be shown that the child became permanently unable to support him/herself before reaching age 18. Furnish a statement from an attending physician or other medical evidence which shows the nature and extent of the physical or mental impairment.*

*Note: In Items 14A through 14I, check all boxes that apply.*

14A. NAME OF CHILD <i>(first, middle initial, last)</i>	14B. DATE AND PLACE OF BIRTH <i>(city, state or country)</i>	14C. SOCIAL SECURITY NUMBER	14D. BIO-LOGICAL	14E. ADOPT-ED	14F. STEP-CHILD	14G. 18-23 YRS. OLD AND IN SCHOOL	14H. SERIOUSLY DISABLED	14I. CHILD PREVIOUSLY MARRIED
	_____ <i>mo day yr</i> PLACE:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____ <i>mo day yr</i> PLACE:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____ <i>mo day yr</i> PLACE:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Note: If any of the children listed above don't live with you, complete Items 15A through 15C.*

15A. NAME OF CHILD <i>(First, middle initial, last)</i>	15B. CHILD'S COMPLETE ADDRESS	15C. NAME OF PERSON THE CHILD LIVES WITH <i>(If applicable)</i>

16. REMARKS

I HEREBY CERTIFY THAT the information I have given above is true and correct to the best of my knowledge and belief.

17. SIGNATURE OF CLAIMANT	18. DATE	19. TELEPHONE NUMBER (S) <i>(Include Area Code)</i>	
		A. DAYTIME	B. NIGHTTIME

**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 to which you are not entitled.