



WHAT IS VA PENSION?

Pension is a needs-based benefit paid to wartime Veterans, who meet certain age, income, net worth, or non-service connected disability requirements.

YOU MAY BE ELIGIBLE IF:

You were discharged from service under other than dishonorable conditions, **AND**

You served 90 days or more of active military service with **at least 1 day during a period of wartime**, **AND**

Your countable income is below the maximum annual pension rate, **AND**

You meet the net worth limitations – Total Net Worth + Annual Income – Prospective Medical Expenses = Calculated Net Worth, Not to Exceed \$130,773.00 AND

You are age 65 or older, **OR** are shown by evidence to have a permanent and total non-service connected disability, **OR** require in-home care, are a patient in a nursing home or similar facility, **OR** are receiving Social Security Disability benefits

- Veterans who entered active duty after September 7, 1980, must also serve at least 24 months of active duty service. If the total length of service is less than 24 months, the Veteran must have completed the full period for which they were called/ordered to active duty.

VETERAN'S PENSION RATES AS OF: 12.01.20	Yearly Income must be less than...	Monthly
If you are independent:		
Veteran Alone	\$13,931.00	\$1,160.91
Veteran with 1 Dependent	\$18,243.00	\$1,520.25
Each Additional Dependent	\$2,382.00	\$198.50
If you are housebound:		
Veteran Alone	\$17,024.00	\$1,418.66
Veteran with 1 Dependent	\$21,337.00	\$1,778.08
Each Additional Dependent	\$2,382.00	\$198.50
Require Aid and Attendance:		
Veteran Alone	\$23,238.00	\$1,936.50
Veteran with 1 Dependent	\$27,549.00	\$2,295.75
Each Additional Dependent	\$2,382.00	\$198.50
Two Veterans Married to Each Other	\$18,243.00	\$1,520.25

*To be deducted, medical expenses must exceed 5% of MAPR
 Current Medicare Deduction is: \$148.50

WHAT IS SURVIVORS PENSION?

Survivors Pension is a needs-based benefit paid to surviving spouses and children of wartime Veterans, who meet certain income, net worth, age, disability, and marriage requirements.

YOU MAY BE ELIGIBLE IF:

The deceased Veteran was discharged from service under other than dishonorable conditions, **AND**

He or she served 90 days or more of active military service with **at least 1 day during a period of wartime, AND**

You haven't remarried after the Veteran's death - If remarried, that marriage must have terminated by divorce, death, or annulment prior to November 1, 1990 **OR**

You are the unmarried child of a deceased Veteran who is under age 18, who became permanently disabled before 18, or you are under the age of 23 and attending a VA-approved school, **AND**

Your countable income is below the maximum annual pension rate, **AND**

You meet the net worth limitations – Total Net Worth + Annual Income – Prospective Medical Expenses = Calculated Net Worth, Not to Exceed \$130,773.00

- If the deceased Veteran entered active duty after September 7, 1980, he/she must have served at least 24 months of active duty service. If the total length of service is less than 24 months, the Veteran must have completed the full period for which they were called/ordered to active duty.

SURVIVOR'S PENSION RATES AS OF: 12.01.20	Yearly Income must be less than...	Monthly
If you are independent:		
Surviving Spouse	\$9,344.00	\$778.66
Surviving Spouse with 1 Child	\$12,229.00	\$1,019.08
Each Additional Child	\$2,382.00	\$198.50
If you are housebound:		
Surviving Spouse	\$11,420.00	\$951.66
Surviving Spouse with 1 Child	\$14,300.00	\$1,191.66
Each Additional Child	\$2,382.00	\$198.50
Require Aid and Attendance:		
Surviving Spouse	\$14,934.00	\$1,244.50
Surviving Spouse with 1 Child	\$17,815.00	\$1,484.58
Each Additional Child	\$2,382.00	\$198.50

Our accredited County Veterans Service Officers can assist you in obtaining benefits for eligible Veterans and their eligible surviving family members. Our Service Officers will need the items listed below in order to ensure that your claim will be processed completely and efficiently.

Information needed to apply for VA Pension & Survivors Pension:

- Military Discharge - DD-214
- Death Certificate (if applicable)
- Marriage Certificate / Marriage Information- Name, Date, City & State
- Previous Marriage Information- Name, Date, City & State (Marriage Start & End Information)
- Spouse & Dependents Date of Birth
- Spouse & Dependents Social Security Numbers
- Verification of Income for **all** Income Sources (Wages, Social Security, Retirement, etc.)
- Verification of Assets for **all** Accounts (Savings, Checking, Stocks, Bonds, CD's, IRA's, Annuities, Mutual Funds, Retirement Accounts, 401K, etc.)
- Direct Deposit Information - Account Number & Routing Number
- All non-reimbursable medical expenses for one year prior to date of application
*Includes: Assisted Living, Nursing Home, In-Home Care, Medical Insurance Premiums, Medicare Premium, Doctor Co-Pays for Veteran & Spouse, etc.

Additional forms required include:

- Aid and Attendance Worksheet
- VA Form 21-2680 - Examination for Housebound Status or Permanent need for Aid and Attendance – **Signature required by primary Doctor, Certified Nurse Practitioners, Physician's Assistant or Clinical Nurse Specialist**
- VA Form 21-0779 - Request for Nursing Home Information in Connection with Claim for Aid and Attendance (only if in skilled nursing care) – **Signature required by nursing home administrator**
- Worksheet for an Assisted Living, Adult Day Care, or a Similar Facility
- Worksheet for In-Home Attendant Expenses (only for in-home care)
- Attendant Affidavit (only for in-home care)

Remember, you should never have to pay a fee in order to obtain Veterans benefits.

Please feel free to contact our office at **319-892-5160** with any questions.

Aid and Attendance Worksheet

Contact Information of Person Assisting with Application:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Veteran Information:

Veteran's Name: _____

Date of Birth: _____ Date of Death, if applicable: _____

SS# _____ Marital Status: _____

Current Address _____ City: _____ State: _____ Zip: _____

Current Spouse or Widow:

Name: _____

Date of Birth: _____ SS# _____

Current Address: _____ City: _____ State: _____ Zip: _____

Marriage Information:

Veteran: Number of times was married, including current: _____

Date of Marriage	City, State	Married to Whom	Type: Ceremonial, Common Law	Date Ended	City, State	How it ended

Spouse: # of times married, including current: _____

Date of Marriage	City, State	Married to Whom	Type: Ceremonial, Common Law	Date Ended	City, State	How it ended

Are there any total or permanently disabled dependent children before age 18? Provide information

Aid and Attendance Worksheet

This worksheet is to help you prepare for your appointment with Linn County VA CVSO to file for Pension Aid and Attendance. The more accurate documented information you can provide the better we can assist you to get the VA benefits awarded.

Monthly Income, Asset and Expense Questionnaire:

Income- please provide documentation of income sources, SSA letter etc.

Important: VA will compare the information you report to Internal Revenue Service (IRS) and Social Security Administration (SSA) records to verify your income for the past three tax years for which information is available. Information from the IRS or SSA that conflicts with the income information you provide with your application may delay your claim and/or reduce your benefit amount

Source	Veteran Amount	Spouse Amount
Social Security (Gross before deduction)		
Work Pensions – Where? Amount?		
Military Retirement		
Veterans Affairs Compensation or Pension		
Long Term Care Insurance Reimbursement		
Rental Property Income		
Farm Income		
US Civil Service		
US Railroad Retirement		
Black Lung		

Assets- Please provide documentation of these assets

Defined as fair market value of all property that an individual owns, including real estate and personal property (excluding the value of your or your dependent's primary residence including the residential lot area, not to exceed 2 acres) less the amount of mortgages or other encumbrances specific to the mortgaged or encumbered property. Personal property means the value of personal effects that are in excess of being suitable and consistent with a reasonable mode of life.

Source	Veteran Amount	Spouse Amount
Cash/Non-Interest Bearing Bank Accounts		
Interest-Bearing Bank Accounts		
IRA's Keogh Plans, etc.		
Stocks, Bonds, Mutual Funds, Annuity		
Interest Income Dividends (1099's) Last 12 Months		
Expected Income Next 12 Months		
Expected Source?		

Aid and Attendance Worksheet

VA wants to directly deposit money if the Pension A and A is awarded to you. Please provide banking information

Name of Bank for VA Direct Deposit _____

Account Number _____ **Routing Number** _____

Is this account: Checking Savings

The questions below are on the application for Pension Aid and Attendance please provide answer and have documentation for any questions you answered yes

1. Are you or your dependents receiving or expecting to receive any income in the next 12 months including but not limited to distributions from retirement plan such as: Military retirement, civil service retirement, IRA, SEP, Qualified plans, Pensions, Annuities, black lung? Yes or No
2. Are you or your dependents receiving or expecting to receive unemployment income in the next 12 months? Yes or No
3. 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 or No
4. Are you or your dependents receiving or expecting to receive income from rental property farm or business within the next 12 months? Yes or No
5. Are you or your dependents receiving or expecting to receive interest, dividends, or royalties within the next 12 months? Yes or No
6. Are you or your dependents receiving wages or expecting to receive wages within the next 12 months? Yes or No
7. Did you or your dependents receive income LAST YEAR that is no longer being received or was a one-time payment? Yes or No
8. Do you or your dependents have assets NOT already reported, such as non-interest bearing accounts, cash, stocks, bonds, or real estate? Yes or No
9. In the current year and/or prior three tax years did you or your dependents sell, convey, trade, or give away assets? Yes or No

Aid and Attendance Worksheet

10. In the current year or the prior three tax years, did you or your dependents transfer any assets to a trust or purchase an annuity? Yes or No

- What was the Market value of the asset at the time of transfer or annuity purchase?
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- What was the date the asset was transferred? _____
- Did you purchase an annuity with the assets? Provide date of purchase and provide name of person that asset was purchased from. (first, middle, last)
- Provide type of annuity purchased (give details and attach documentation)
- Were assets used to establish a trust? Provide tax number details and documentation.
- Was the trust established for a child of the veteran who was incapable of self-support prior to reaching age 18?

11. Did you or your dependents waive or expect to waive any receipt of income in the next 12 months? Yes or No



ATTENDANT AFFIDAVIT

Re: _____
Veteran's Name – Last, First, Middle

VA Claim or Social Security Number

Claimant's Name

Claimant's Address (Street)

City, State and Zip Code

My name is _____, and I provide health care for the above named claimant.

The services which I provide are:

- Yes No Assistance with bathing
- Yes No Standing and sitting
- Yes No Getting in and out of bed
- Yes No Eating
- Yes No Walking
- Yes No Dressing and undressing
- Yes No Taking medication
- Other: (Please describe)

For these services, I am paid by the claimant _____ per week / month / year (please circle only one).

I began employment on _____.

Signature of provider

Street Address

City, State, and Zip Code

Phone number (including area code)

I CERTIFY, under the penalty of law, that the above information is true and correct, that I do pay the above referenced sitter the amount listed for the services listed. (If claimant signs with his/her mark, the mark must be witnessed by two witnesses.)

Signature: _____ Date: _____

Witness: _____ Date: _____

Witness: _____ Date: _____