U.S. Department of Veterans Affairs

NOTICE TO VETERAN/CLAIMANT OF VA FORMS THAT MAY ACCOMPANY AN ALTERNATE SIGNER CERTIFICATION FORM

IMPORTANT: The form(s) shown below will be accepted along with the attached VA Form 21-0972, *Alternate Signer Certification.* VA forms are available at **www.va.gov/vaforms**.

For **APPEALS,** the required forms are**:**

- **VA Form 20-0995**, *Decision Review Request: Supplemental Claim*
- **VA Form 20-0996**, *Decision Review Request: Higher-Level Review*
- **VA Form 10182**, *Decision Review Request: Board Appeal (Notice of Disagreement)*

For **COMPENSATION,** the required form is**:**

- **VA Form 21-526EZ**, *Application for Disability Compensation and Related Compensation Benefits*

For **PENSION,** the required forms are:

- **VA Form 21P-527EZ**, *Application for Pension*
- **VA Form 21P-0969**, *Income and Asset Statement in Support of Claim for Pension or Parents' Dependency and Indemnity Compensation (DIC)*
- **VA Form 21P-4165**, *Pension Claim Questionnaire for Farm Income*
- **VA Form 21P-8049**, *Request for Details of Expenses*
- **VA Form 21P-8416**, *Medical Expense Report*
- **VA Form 21P-4185**, *Report of Income from Property or Business*
- ***ALL** forms known as Eligibility Verification Reports (EVR's)*

For **COMPENSATION AND/OR PENSION,** the required form is:

- **VA Form 21-0966**, *Intent to File a Claim for Compensation and/or Pension, or Survivors Pension and/or DIC*

For **DEPENDENTS,** the required form is:

- **VA Form 21-686c**, *Application Request to Add and/or Remove Dependents*

For **SCHOOL AGE CHILD(REN) (Aged 18-23 Years and In School),** the required form is:

- **VA Form 21-674,** *Request for Approval of School Attendance*

For **DEPENDENT PARENT(S),** the required form is:

- **VA Form 21-509**, *Statement of Dependency of Parent(s)*

For **INDIVIDUAL UNEMPLOYABILITY),** the required form is:

- **VA Form 21-8940**, *Veteran's Application for Increased Compensation Based on Unemployability*

For **MENTAL HEALTH CONDITION(S),** the form is:

- **VA Form 21-0781**, *Statement in Support of Claimed Mental Health Disorder(s) Due to an In-Service Traumatic Event(s)*

For **SPECIALLY ADAPTED HOUSING OR SPECIAL HOME ADAPTATION,** the required form is:

- **VA Form 26-4555**, *Application in Acquiring Specially Adapted Housing or Special Home Adaptation Grant*

For **AUTO ALLOWANCE,** the required form is:

- **VA Form 21-4502**, *Application for Automobile or Other Conveyance and Adaptive Equipment*

For **SURVIVORS BENEFITS** the required forms are:

- **VA Form 21P-534EZ**, *Application for DIC, Death Pension, and/or Accrued Benefit*
- **VA Form 21P-534a**, *Application for Dependency and Indemnity Compensation by a Surviving Spouse or Child - In-Service Death Only*
- **VA Form 21P-535**, *Application for Dependency and Indemnity Compensation by Parent(s)*
- **VA Form 21P-8924**, *Application of Surviving Spouse or Child for REPS Benefits (Restored Entitlement Program for Survivors)*

For **ACCRUED BENEFITS** the required form is:

- **VA Form 21P-601**, *Application for Accrued Amounts Due a Deceased Beneficiary*

For **PHILIPPINE CLAIMS** the required form is:

- **VA Form 21-4169**, *Supplement to VA Forms 21-526EZ, 21P-534EZ, and 21P-535 (For Philippine Claims)*

For **BENEFITS FOR CERTAIN CHILDREN WITH DISABILITIES** the required form is:

- **VA Form 21-0304**, *Application for Benefits for a Qualifying Veteran's Child Born with Disabilities*

NOTE: For more information on VA benefits, visit our web site at **www.va.gov**, or VA online through ASK VA: **https://ask.va.gov** or call us toll-free at 1-800-827-1000 (TTY:711).

OMB Control No. 2900-0849
Respondent Burden: 15 minutes
Expiration Date: 05/31/2029

VA | U.S. Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

ALTERNATE SIGNER CERTIFICATION

INSTRUCTIONS: This form is to be completed by the individual signing the benefit application form on behalf of the veteran/claimant. **Note**: For purposes of this form, the individual signing the form on behalf of the veteran/claimant is referred to as the "alternate signer." Your accurate and complete answers to the questions on this form are important to help VA complete the veteran/claimant's claim.

SECTION I: VETERAN'S IDENTIFICATION INFORMATION

IMPORTANT: Submit this form along with the appropriate benefit application form. The application form depends on the benefit you are claiming on behalf of the veteran/claimant. Also, submit any supporting documents or evidence to help VA complete the claim. See page 1 for a list of appropriate benefit application forms. VA forms are available at **www.va.gov/vaforms**. You may either complete the form online or by hand. If completed by hand print the information requested in ink, neatly and legibly, insert one letter per box, and completely fill in each applicable check box to help expedite processing of the form.

1. VETERAN'S NAME (First, Middle Initial, Last)

2. SOCIAL SECURITY NUMBER – –

3. VA FILE NUMBER (If applicable)

4. DATE OF BIRTH (MM/DD/YYYY) – –

5. HAVE YOU/VETERAN EVER FILED A CLAIM WITH VA?
☐ YES ☐ NO

6. VETERAN'S SERVICE NUMBER (If applicable)

SECTION II: CLAIMANT'S IDENTIFICATION INFORMATION *(Complete this section if the claimant is other than the veteran)*

7. CLAIMANT'S NAME (First, Middle Initial, Last)

8. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

9. SOCIAL SECURITY NUMBER – –

10. RELATIONSHIP TO VETERAN
☐ SPOUSE ☐ PARENT ☐ CHILD

11. TELEPHONE NUMBER (Include Area Code) – –
Enter International Phone Number (If applicable)

12. E-MAIL ADDRESS (If applicable)

SECTION III: ALTERNATE SIGNER'S IDENTIFICATION INFORMATION

13. ALTERNATE SIGNER'S NAME (First, Middle Initial, Last)

14. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

15. TELEPHONE NUMBER (Include Area Code) – –
Enter International Phone Number (If applicable)

16. E-MAIL ADDRESS (If applicable)

17. RELATIONSHIP TO VETERAN/CLAIMANT (**Note**: You must check at least one box)

☐ A COURT-APPOINTED REPRESENTATIVE
☐ AN ATTORNEY IN FACT OR AGENT AUTHORIZED TO ACT ON BEHALF OF THE VETERAN/CLAIMANT UNDER DURABLE POWER OF ATTORNEY
☐ A PERSON WHO IS RESPONSIBLE FOR THE CARE OF THE VETERAN/CLAIMANT, TO INCLUDE BUT NOT LIMITED TO A SPOUSE OR OTHER RELATIVE
☐ A MANAGER OR PRINCIPAL OFFICER ACTING ON BEHALF OF AN INSTITUTION WHICH IS RESPONSIBLE FOR THE CARE OF THE VETERAN/CLAIMANT

VETERAN'S SSN ___ – ___ – ____

SECTION IV: VETERAN/CLAIMANT INFORMATION

18. VETERAN/CLAIMANT IS: (Check **ALL** that apply)

- ☐ UNDER 18 YEARS OF AGE
- ☐ MENTALLY INCOMPETENT TO PROVIDE SUBSTANTIALLY ACCURATE INFORMATION NEEDED TO COMPLETE THE CLAIMS FORM, OR TO CERTIFY THAT STATEMENTS MADE ON THE FORM ARE TRUE AND COMPLETE, OR
- ☐ PHYSICALLY UNABLE TO SIGN THE CLAIMS FORM

SECTION V: ALTERNATE SIGNER'S DECLARATION OF INTENT

I understand that I may be asked to confirm the truthfulness of the answers to the best of my knowledge under penalty of perjury. I also understand that VA may request further documentation or evidence to verify or confirm my authorization to sign or complete an application on behalf of the veteran/claimant if necessary. Examples of evidence which VA may request include: Social Security Number (SSN) or Taxpayer Identification Number (TIN); a certificate or order from a court with competent jurisdiction showing my authority to act for the veteran/claimant with a judge's signature and date/time stamp; copy of documentation showing appointment of fiduciary; durable power of attorney showing the name and signature of the veteran/claimant and my authority as attorney in fact or agent; health care power of attorney, affidavit or notarized statement from an institution or person responsible for the care of the veteran/claimant indicating the capacity or responsibility of care provided; or any other documentation showing such authorization.

19A. AUTHORIZED SIGNER'S SIGNATURE **(Required)**	19B. DATE SIGNED (MM/DD/YYYY)
	__ – __ – ____

20. REMARKS (If any)

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the appropriate application and provide it to the veteran/claimant.

RESPONDENT BURDEN: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0849, and it expires 05/31/2029. Public reporting burden for this collection of information is estimated to average 15 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at **vapra@va.gov**. Please refer to OMB Control No. 2900-0849 in any correspondence. Do not send your completed VA Form 21-0972 to this email address.