



## APPLICATION FOR MONTHLY ASSISTANCE ALLOWANCE FOR VETERANS IN CONNECTION WITH PARALYMPICS AND OLYMPICS IN THE UNITED STATES

**PRIVACY ACT:** The information requested on this form is solicited under the authority of Title 38, U.S.C., and Sections 1710, 1712, and 1722. It is being collected to enable us to determine your eligibility for benefits and will be used for that purpose. The information you supply may be verified through a computer matching program at any time and information may be disclosed outside the VA as permitted by law. VA may make a routine use disclosure of the information as outlined in the Privacy Act system of records identified as 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary; however, the information is required in order for us to determine your eligibility for the benefit for which you have applied. Failure to furnish the information will have no adverse affect on any other benefits to which you may be entitled.

**RESPONDENT BURDEN:** The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this application will average 20 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the forms.

### SECTION A - IDENTIFYING DATA

1. NAME AND MAILING ADDRESS OF APPLICANT	1A. HAVE YOU RECEIVED A VA-RATING FOR A SERVICE CONNECTED DISABILITY?  <input type="checkbox"/> YES <input type="checkbox"/> NO
	2. VETERANS SOCIAL SECURITY NO. <i>(Last 4-digits only)</i>

### SECTION B - UNITED STATES PARALYMPICS AND OLYMPICS SPORT TRAINING

3. NAME OF SPORT
4. NAME OF GOVERNING ORGANIZATION
5. LOCATION OF TRAINING

### SECTION C - DECLARATION OF DEPENDENT STATUS

#### VETERAN'S MARRIAGES

6A. HOW MANY TIMES HAVE YOU BEEN MARRIED? <i>(Including current marriage)</i>				
6B. DATE AND PLACE OF MARRIAGE <i>(City, State or Country)</i>	6C. TO WHOM MARRIED <i>(First, middle, last name)</i>	6D. SPOUSE SSN <i>(Last 4-digits only)</i>	6E. HOW MARRIAGE TERMINATED <i>(Death, Divorce)</i>	6F. DATE AND PLACE TERMINATED <i>(City, State or Country)</i>
MOST RECENT MARRIAGE  _____ <i>month day year</i> Place:				_____ <i>month day year</i> Place:
PREVIOUS MARRIAGE 1  _____ <i>month day year</i> Place:				_____ <i>month day year</i> Place:
PREVIOUS MARRIAGE 2  _____ <i>month day year</i> Place:				_____ <i>month day year</i> Place:

7. DO YOU LIVE WITH YOUR SPOUSE? *(If "yes", skip to Item 10, if "no", answer Items 8 and 9)*

YES     NO

8. WHAT IS YOUR SPOUSE'S ADDRESS?	9. HOW MUCH DO YOU CONTRIBUTE MONTHLY TO YOUR SPOUSES SUPPORT?  \$
-----------------------------------	--

**VETERAN'S UNMARRIED CHILDREN**

*Note: In Items 10A through 10I, check all boxes that apply. . If you have more than six dependents that should be listed in Items 10A through 10I, attach all applicable data for the additional dependents on a continuation sheet and submit with the VA Form 0918b.*

10A. NAME OF CHILD <i>(first, middle initial, last)</i>	10B. DATE AND PLACE OF BIRTH <i>(city, state or country)</i>	10C. SOCIAL SECURITY NUMBER <i>(Last 4-digits only)</i>	10D. BIO - LOGICAL	10E. ADOPT - ED	10F. STEP - CHILD	10G. 18-23 YRS. OLD AND IN SCHOOL	10H. SERIOUSLY DISABLED	10I. 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"/>
	_____ <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 11A through 11C.*

11A. NAME OF CHILD <i>(First, middle initial, last)</i>	11B. CHILD'S COMPLETE ADDRESS	11C. NAME OF PERSON THE CHILD LIVES WITH <i>(If applicable)</i>

12. I hereby certify that the information given above is true and correct to the best of my knowledge and belief.

13A. SIGNATURE OF CLAIMANT <i>(Ink signature required)</i>	13B. DATE SIGNED

14. TELEPHONE NUMBER	15. E-MAIL ADDRESS