

II. TO BE COMPLETED BY VA

VA PAYMENT AMOUNT TO VETERAN/WIDOW(ER) (UN AUGMENTED)

| Name | <u>Monthly Benefit</u> | Paid in Mo/Yr to Mo/Yr | What Amount Benefit for Aid and Attendance or Home bound Allowance? | What Designated for Unusual Medical Expenses? | Amount of Educational Benefits Being Received | <u>Eligible for Medical Benefits?</u> | <u>Total Benefit Since Date Indicated on Page 1</u> |
|-------------|-------------------------------|-------------------------------|--|--|--|--|--|
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AUGMENTED AMOUNT OF VA PAYMENT ATTRIBUTABLE TO DEPENDENT(S) / SURVIVOR(S)

| Name | <u>Monthly Benefit</u> | Paid in Mo/Yr to Mo/Yr | Amount of Educational Benefits Being Received | <u>Total Benefit Since Date Indicated on Page 1</u> |
|-------------|-------------------------------|-------------------------------|--|--|
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Veterans Service Officer Signature

Date