



II. TO BE COMPLETED BY VA

VA PAYMENT AMOUNT TO VETERAN/WIDOW(ER) (UNAugMENTED)							
Name	Monthly Benefit	Paid in Mo/Yr to Mo/Yr	What Amount Designated for Aid and Attendance or Homebound Allowance?	What Amount Designated for Unusual Medical Expenses?	Amount of Educational Benefits Being Received	Eligible for Medical Benefits?	Total Benefit Since Date Indicated on Page 1

AugMENTED AMOUNT OF VA PAYMENT ATTRIBUTABLE TO DEPENDENT(S)/SURVIVOR(S)					
Name	Monthly Benefit	Paid in Mo/Yr to Mo/Yr	Amount of Educational Benefits Being Received	Eligible for Medical Benefits?	Total Benefit Since Date Indicated on Page 1

Veterans Service Officer Signature \_\_\_\_\_

Date \_\_\_\_\_