OMB Approved No. 2900-0075 Respondent Burden: 15 minutes

Department of Veterans Affairs

STATEMENT IN SUPPORT OF CLAIM

PRIVACY ACT INFORMATION: The law authorizes us to request the information we are asking you to provide on this form (38 U.S.C. 501(a) and (b)). The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (Type or print)	SOCIAL SECURITY NO.	VA FILE NO.	
The following statement is made in connection with a claim for benefits in the case of the above-named	l vataran:	C/CSS -	
The following statement is made in connection with a claim for benefits in the case of the above-hamed veterali.			
INFORMAL CLAIM FOR PENSION WITH A&A			
I intend to apply for pension benefits under the FDC Program.			
This statement is to preserve my effective date for entitlement to benefits.			
I am in the process of assembling my claim package for submission.			
VETERANS DATE OF BIRTH:			
TE ENTERED SERVICE: DATE OF DISCHARGE:			
MILITARY SERIAL NUMBER: BRANC	BRANCH OF SERVICE:		
(CONTINUE ON REVERSE)			
I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.			
(SIGNATURE)	DATE SIGNED		
ADDRESS	TELEPHONE NUMBERS (Include Area Code)		
1000 Sunset Blvd, Ste 115 Rocklin, CA 95765	DAYTIME	EVENING	
	(916) 780-3290		
DENIALITY The least of the state of the stat	:116-1		

PENALITY: The law provides severe penalties which include fine or inprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.