

## Department of Veterans Affairs

## STATEMENT IN SUPPORT OF CLAIM

SOCIAL SECURITY NO.

PRIVACY ACT INFORMATION: The 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 VA benefits, verification of identity and status, and the United States, inflation in which the United States is a party of has an interest, the administration of VAT Defaults and tetrity of VA benefits, verification of the line of the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The 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 maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <a href="https://www.whitehouse.gov/omb/library/OMBINV.html#VA">https://www.whitehouse.gov/omb/library/OMBINV.html#VA</a>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (Type or print)	SOCIAL SECURITY NO.	VA FILE NO.
		C/CSS -
The following statement is made in connection with a claim for benefits in the case of the above-named veteran:  I understand that my doctor indicates I am not competent to handle my financial affairs and I understand that you propose to rate me incompetent. I agree with this decision and would like to waive my due process rights as it pertains to my ability to handle my finances and request that you take this action at the earliest possible time. I understand that a determination of incompetency will prohibit me from purchasing, possessing, receiving, or transporting a firearm or ammunition. If I knowingly violate any of these prohibitions, I may be fined, imprisoned, or both pursuant to the Brady Handgun Violence Prevention Act,		
Pub. L. No. 103-159, as implemented at 18, United States Code 924(a)(2). I further understand that if you decide that I am unable to handle my VA funds, I may apply to the regional office for the relief of prohibitions imposed by the Brady Act with regards to the possession, purchase, receipt, or transportation of a firearm.		
*** Please appoint the below named individual as my agent. ***		
NAME:		
ADDRESS:		
CITY, STATE, ZIP		
PHONE:		
RELATIONSHIP:		
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 NUMB DAYTIME	ERS (Include Area Code)  EVENING
PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the	willful submission of any statement	or evidence of a material fact,