



Allowance No.	File No.
	CSDN No.

APPLICATION FOR WAR VETERANS ALLOWANCE

Protected information when completed.

For office use only

Which official language do you wish to use?

a) In oral communications? English French

b) In correspondence? English French

Which official language does your spouse/common-law partner wish to use?

a) In oral communications? English French

b) In correspondence? English French

Date of first contact	DATE RECEIVED AT RO (Date stamp)
METHOD REQUESTED	
Telephone <input type="checkbox"/>	
Mail <input type="checkbox"/>	
In person <input type="checkbox"/>	
Other (specify) <input type="checkbox"/>	

A - INFORMATION ABOUT APPLICANT

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Family name		Given name and initials	
Ms. <input type="checkbox"/> Miss <input type="checkbox"/>			
Residence address		Mailing address (if different)	
Postal Code		Postal Code	
Home telephone No. Area code () -		Business or alternate telephone No. Area code (1) () -	
(2) Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of birth Year Month Day	Maiden name (if applicable)
Social Insurance No.		Old Age Security No.	Provincial Hospital Insurance No.
(3) Are you or your spouse/common-law partner blind? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes , please attach a medical certificate or state CNIB number: _____	

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4 Family status of applicant

Single <input type="checkbox"/>	Survivor <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Married <input type="checkbox"/>	Common-law <input type="checkbox"/>
Date marriage or common-law relationship began					Year Month Day
Are you separated		Voluntarily <input type="checkbox"/>	Involuntarily <input type="checkbox"/>		
Please provide reason and spouse's/common-law partner's address if involuntarily separated:		Reason: _____			
		Address: _____			
Have you ever received or applied for War Veterans Allowance before?			If you are not a Veteran or Civilian, please identify:		
Yes <input type="checkbox"/> No <input type="checkbox"/>			Survivor <input type="checkbox"/> Spouse/Common-law partner <input type="checkbox"/>		
			Orphan <input type="checkbox"/>		

If you are applying as a survivor, spouse/common-law partner or orphan of a Veteran/Civilian:

Year Month Day

a) Date of death of Veteran or Civilian

b) Were you residing with the Veteran or Civilian at the time of death? Yes No

c) Were you maintaining or being maintained by the Veteran or Civilian at the time of death? Yes No

d) Was the Veteran or Civilian receiving War Veterans Allowance on your behalf at the time of death? Yes No

Information about underage applicants

Any male applicant under age 60 or any female applicant under age 55 MUST complete this section.

a) Are you providing care for a child living at home? Yes No

b) Are you able to work? Yes No
If **no**, please provide a reason:

c) Do you have health problems? Yes No
If **yes**, please describe:

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Information about applicant's spouse/common-law partner (if applicable)

Family Name	Given name and initials	Date of birth	Year	Month	Day
Social Insurance No.	Old Age Security No.	Provincial Hospital Insurance No.			

Is your spouse/common-law partner a Veteran or Civilian? Yes No
 If **yes**, please report service number:

5 Information about your dependent children

Family name	Given name	Relationship	Date of birth			Attending school? Check one (<input type="checkbox"/>)	
			Year	Month	Day	Yes Hours per week	NO

If any of your dependent children are disabled, please circle the first name(s) above and attach a medical certificate which must include the date the disability occurred.

B - INFORMATION ABOUT VETERAN/CIVILIAN

Family name (at time of service)	Given name and initials	Date of birth	Year	Month	Day
6					

7	First World War	Second World War	Korean War
Service number(s)			

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**8 Please report dates and places of enlistments/enrolments
(This applies to Armed Forces Veterans only.)**

Date (Year/Month/Day)	City	Province	Country

9	Country of residence at time of service	Citizenship at time of service	For what country(ies) did you serve?
	Has a war-related disability pension been awarded or was a lump sum paid in lieu of a monthly award?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes , by what country? _____ Pension number: _____
	If service in Canada only, did you proceed, while on duty, beyond the territorial waters of Canada?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes , report over what bodies of water you have travelled during your service.

**10 For wartime service on a voyage, report the following details:
(This applies to Merchant Navy service.)**

Ship's name, registry number and country of registry	Date, city, province and country of start of voyage	Places of call and/or description of voyage	Date, city, province and country of termination of voyage

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11 C - GROSS MONTHLY INCOME

Please report your (and your spouse's/common-law partner's) gross monthly income from these sources by stating the amount of your last cheque:	Applicant	Spouse/ Common-law partner
Old Age Security, Guaranteed Income Supplement or Allowance		
Wartime/Military Disability Pension from Veterans Affairs Canada		
Foreign War Disability Pension (specify country)		

Please send a copy of your last Income Tax Return with your application.

12 D - ANNUAL INCOME (see guide)

Please report your (and your spouse's/common-law partner's) annual income for the previous CALENDAR YEAR (January - December).	Applicant	Spouse/ Common-law partner
Canada Pension Plan or Quebec Pension Plan		
Other pension income (retirement, superannuation or Worker's Compensation) (specify)		
Employment Insurance benefits		
Net interest		
100% Dividends \$ _____ + 50% Capital Gains \$ _____ =		
Net rents from property		
Net employment income		
Net self-employment income		
Income from other sources (specify)		
Other deductions (specify)		
Total annual income (If you or your spouse/common-law partner had no income, write "nil".)		

13 E - OPTION PROVISION

This section is to be completed only if you or your spouse/common-law partner had a reduction in income during the year reported in Section D.

Explain briefly why your income changed :	When did the income change occur?	Year	Month	Day
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The information you provide on this form is collected under the authority of the *War Veterans Allowance Act*, for the purpose of determining eligibility for benefits under the Act. This information is protected from disclosure to unauthorized persons by Canada's *Privacy Act*. You may request a copy of this form in writing by quoting Personal Information Bank No. VAC PPU 040.

It is an offence to give false information for the purpose of obtaining a benefit.

The income reported may be verified with Canada Revenue Agency and Income Security Programs Branch of Social Development Canada.

14 F - DECLARATION

In accordance with subsection 11(1) of the *Veterans Allowance Regulations*, I understand, that as a recipient, I must immediately notify the Department of any change in my marital or common-law relationship, as the case may be.

I declare the information provided is, to the best of my knowledge, true and complete.

x _____
 Applicant's signature Date
 (or signature of person making application on behalf of applicant)

x _____
 Signature of applicant's spouse/common-law partner Date

If this form has been completed by someone other than the Veteran/Civilian or the survivor, orphan, or spouse or common-law partner of the Veteran/Civilian, please provide that person's name and telephone number:

Name _____ Telephone No. _____

If this form has been signed by someone other than the Veteran/Civilian, or the survivor, orphan, or spouse or common-law partner of the Veteran/Civilian, **guardianship or power of attorney papers** should accompany the application.