OMB Control No. 2900-XXXX
Respondent Burden: 5 minutes

Department of Veterans Affairs

If Mailing Completed Form From the United States:
U.S. Department of Veterans Affairs
Manila Regional Office
PSC 501
FPO AP 96515-1100

If Mailing Completed Form From All Other Countries:
U.S. Department of Veterans Affairs
1131 Roxas Blvd.
0930 Manila Philippines

STATEMENT IN SUPPORT OF CLAIM (Filipino Veterans Equity Compensation Fund)

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 personnel administration) as identified in 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. Providing your SSN will help ensure that your records are properly associated with 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 5 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 www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. 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 am applying for a one-time payment from the Filipino Veterans Equity Compensation Fund as a honorably discharged veteran who served before July 1, 1946, in the organized military forces of the Government of the Commonwealth of the Philippines, including certain service in the Philippine Scouts or in organized guerrilla forces recognized by the United States Army, while such forces were in the service of the Armed Forces of the United States.

I served in: ☐ Commonwealth Army ☐ Recognized Guerilla ☐ New Philippine Scouts

Date of Birth: Place of Birth:

Service Number:

Unit in Which Served:

Dates of Service: From: To:

Father's Name: Mother's Name:

Name of Current Spouse:

Date of Marriage: Spouse's Date of Birth:

Address of Current Spouse
(If different from veteran's current address):

PVAO Account Number:
(If applicable)

I am a U.S. Citizen: ☐ YES ☐ NO U.S. Passport No.:

IMPORTANT - Use this form only with claims under the Filipino Veterans Equity Compensation Fund. The Department of Veterans Affairs must receive this form on or before February 16, 2010, to consider your claim for this benefit.

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)*	
	DAYTIME	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, knowing it to be false.