



Department of Veterans Affairs

VA FIDUCIARY'S ACCOUNT

FROM	NAME AND ADDRESS OF FIDUCIARY	TO	VA FIDUCIARY HUB
NAME OF VETERAN <i>(First-Middle-Last)</i>		NAME OF BENEFICIARY <i>(If not veteran)</i>	VA FILE NUMBER C-

SECTION I - STATEMENT OF ACCOUNT

INSTRUCTIONS: Items 1 through 7 are to be completed by the fiduciary and returned to the VA Fiduciary Hub. Show monthly amount where indicated, in addition to amount for accounting period. Attach detailed monthly financial (bank) statements for the entire accounting period to support the transactions noted on this accounting. IMPORTANT - SEE PRIVACY ACT INFORMATION ON REVERSE.	ACCOUNTING PERIOD FROM _____ TO _____
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IMPORTANT - The fiduciary must account for all funds received on behalf of the beneficiary as VA fiduciary, representative payee for SSA benefits, or in any other fiduciary capacity. The fiduciary must keep receipts and other documentation of expenses because VA may need to examine them during the audit of this accounting.

1. MONEY RECEIVED				4. ASSETS AT END OF PERIOD*		
ITEM	DESCRIPTION		AMOUNT	ITEM	DESCRIPTION	AMOUNT
A	TOTAL ESTATE AT BEGINNING OF PERIOD		\$	A	TOTAL AMOUNT OF CHECKING ACCOUNT(S)	\$
B	AMOUNT RECEIVED FROM VA	NO. OF MONTHS	MONTHLY AMT.	B	TOTAL AMOUNT OF SAVINGS ACCOUNT(S)	
		NO. OF MONTHS	MONTHLY AMT.	C	TOTAL AMOUNT OF CERTIFICATE(S) OF DEPOSIT	
C	AMOUNT RECEIVED FROM SOCIAL SECURITY	NO. OF MONTHS	MONTHLY AMT.	D	TOTAL PURCHASE PRICE OF SAVINGS BONDS LISTED ON REVERSE <i>(Complete reverse for total in this field)</i>	
		NO. OF MONTHS	MONTHLY AMT.		(1) WERE ADDITIONAL BONDS PURCHASED DURING THIS ACCOUNTING PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
D	INTEREST EARNED ON DEPOSITS				(2) WERE SAVINGS BONDS CASHED DURING THIS ACCOUNTING PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
E	AMOUNT RECEIVED FROM OTHER SOURCES <i>(List in Items 1E thru 1H)</i>			E	OTHER <i>(List outstanding checks or other issues that impact the total assets.)</i>	
F						
G						
H						
I	*TOTAL RECEIVED (ADD LINES 1A THRU 1H)		\$			
2. MONEY SPENT				5. TOTAL ASSETS <i>(MUST EQUAL ITEM 3)</i>		
A	ROOM AND BOARD/RENT	NO. OF MONTHS	MONTHLY AMT.			\$
B	CLOTHING			6. REMARKS <i>(If needed you may attach additional sheets and key responses to item numbers.)</i>		
C	ENTERTAINMENT					
D	PERSONAL USE	NO. OF MONTHS	MONTHLY AMT.			
E	DEPENDENT(S) SUPPORT	NO. OF MONTHS	MONTHLY AMT.			
F	FIDUCIARY FEE IF APPROVED BY VA					
G	OTHER <i>(Specify)</i>					
H						
I						
J						
K						
L						
M	TOTAL SPENT (ADD LINES 2A THRU 2L)		\$			
3. TOTAL FUNDS UNDER MANAGEMENT AT END OF PERIOD <i>(SUBTRACT 2M FROM 1I)</i>						

* NOTE: Pursuant to my signed Fiduciary Agreement (VA Form 21P-4703), this is a complete accounting of all funds I received for the beneficiary.

I CERTIFY THAT this is a true account of the beneficiary's estate for the period stated, to the best of my knowledge and belief.

7. DATE	8. SUBMITTED BY <i>(Signature and title of fiduciary)</i> <i>John P. Fiduciary</i>
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9. BACKGROUND INFORMATION

Answer the questions below if you are an individual appointed to serve as fiduciary for the beneficiary named on the reverse side of this form. The questions pertain to your personal criminal and credit history. Failure to provide a response may impact your ability to serve as a VA fiduciary.

You are not required to respond to these questions if you are serving as VA fiduciary in one of the following capacities for the beneficiary named on the reverse:

- administrator of a facility
- company or corporation
- court-appointed fiduciary who is also appointed by VA

I certify that during this accounting period, I have not been convicted of any offense under Federal or State law, which resulted in imprisonment for more than one year. I understand the Department of Veterans Affairs may obtain my criminal background history to verify my response. Initial the box below to certify and acknowledge this information.



I certify that during this accounting period, I did not default on a debt, was not the subject of collection action by a creditor and did not file bankruptcy. To the best of my knowledge, no adverse credit information was reported to a credit bureau because I was unable to meet my personal financial obligations. I understand the Department of Veterans Affairs may obtain my credit history report to verify my response. Initial the box below to certify and acknowledge this information.



10. EXPLANATION OF BACKGROUND INFORMATION (If necessary)

LINE NO.	SERIAL NUMBER	DATE OF PURCHASE	PURCHASE PRICE	LINE NO.	SERIAL NUMBER	DATE OF PURCHASE	PURCHASE PRICE
1.				6.			
2.				7.			
3.				8.			
4.				9.			
5.				10.			

SECTION II - CERTIFICATION OF U.S. SAVINGS BONDS

I CERTIFY THAT the savings bonds listed above are the property of the estate of the beneficiary and are in my custody and control.

SIGNATURE OF FIDUCIARY	DATE
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PRIVACY ACT INFORMATION: The VA will not disclose information on the form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.526 for routine uses (i.e. request from Congressman on behalf of a beneficiary) as identified in the VA system of records, 37VA27, VA Supervised Fiduciary/Beneficiary and General Investigative Records, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The information will be used to ensure the proper administration of the beneficiary's income and estate. Failure to furnish the requested information may result in the suspension of payments and/or the appointment of a successor fiduciary.

RESPONDENT BURDEN: We need this information to ensure proper administration of the beneficiary's estate. Title 38, United States Code allows us to ask for this information. We estimate that you will need an average of 27 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.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.