

*Affected Public:* Business or other for-profit—Individuals or households.  
*Estimated Annual Burden:* 10,833 hours.

*Estimated Average Burden Per Respondent:* 10 minutes.

*Frequency of Response:* One time.

*Estimated Number of Respondents:* 65,000 respondents.

*OMB Number:* 2900-0089

*Title and Form Number:* Statement of Dependency of Parent(s), VA Form 21-509.

*Type of Information Collection:*

Extension of a currently approved collection.

*Needs and Uses:* The form is used to gather income and dependency information from applicants who are seeking payment of benefits as or for a dependent parent. The information is used to determine dependency of the parent.

*Affected Public:* Individuals or households.

*Estimated Annual Burden:* 20,000 hours.

*Estimated Average Burden Per Respondent:* 30 minutes.

*Frequency of Response:* One time.

*Estimated Number of Respondents:* 40,000 respondents.

*OMB Number:* 2900-0095

*Title and Form Number:* Pension Claim Questionnaire for Farm Income, VA Form 21-4165.

*Type of Information Collection:*

Extension of a currently approved collection.

*Needs and Uses:* The form is used to develop the necessary income and asset information peculiar to farm operations. The information is used to determine whether the claimant is eligible for VA benefits and, if eligibility exists, it is used to determine the proper rate of benefits.

*Affected Public:* Farms—Individuals or households.

*Estimated Annual Burden:* 12,500 hours.

*Estimated Average Burden Per Respondent:* 30 minutes.

*Frequency of Response:* One time.

*Estimated Number of Respondents:* 25,000 respondents.

**ADDRESSES:** Copies of these submissions may be obtained from Trish Fineran, Veterans Benefits Administration (20M30), Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420, (202) 273-6886.

Comments and recommendations concerning the submissions should be directed to VA's OMB Desk Officer, Allison Eydt, OMB Human Resources and Housing Branch, New Executive Office Building, Room 10235,

Washington, DC 20503, (202) 395-4650. Do not send requests for benefits to this address.

**DATES:** Comments on the information collections should be directed to the OMB Desk Officer on or before October 2, 1995.

**FOR FURTHER INFORMATION CONTACT:** Ron Taylor, VA Clearance Officer (045A4), (202) 565-4412.

Dated: August 24, 1995.

By direction of the Secretary.

**Donald L. Neilson,**

*Director, Information Management Service.*

[FR Doc. 95-21595 Filed 8-30-95; 8:45 am]

**BILLING CODE 8320-01-M**

### Information Collections Under OMB Review

**AGENCY:** Veterans Benefits Administration, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** The Veterans Benefits Administration (VBA), Department of Veterans Affairs, has submitted to the Office of Management and Budget (OMB) the following proposals for the collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

*OMB Number:* 2900-0036

*Title and Form Number:* Statement of Disappearance, VA Form 21-1775.

*Type of Information Collection:*

Extension of a currently approved collection.

*Needs and Uses:* The form is used to gather the necessary information to determine if a decision of presumptive death can be made for benefit payment purposes. The information is used to authorize death benefits.

*Affected Public:* Individuals or households.

*Estimated Annual Burden:* 5,500 hours.

*Estimated Average Burden Per*

*Respondent:* 2 hours and 45 minutes.

*Frequency of Response:* One time.

*Estimated Number of Respondents:* 2,000 respondents.

*OMB Number:* 2900-0038

*Title and Form Number:* Information from Remarried Widow/er, VA Form 21-4102.

*Type of Information Collection:*

Extension of a currently approved collection.

*Needs and Uses:* The form is used to gather the necessary information to determine if a child of a surviving remarried spouse of a deceased veteran meets the requirements for pension. The information is used to determine entitlement this benefit.

*Affected Public:* Individuals or households.

*Estimated Annual Burden:* 3,000 hours.

*Estimated Average Burden Per*

*Respondent:* 20 minutes.

*Frequency of Response:* One time.

*Estimated Number of Respondents:* 9,000 respondents.

*OMB Number:* 2900-0049

*Title and Form Number:* Request for Approval of School Attendance, VA Forms 21-674 and 21-674c.

*Type of Information Collection:*

Extension of a currently approved collection.

*Needs and Uses:* The forms are used to gather the necessary information to determine continued entitlement to benefits for a child between the ages of 18 and 23 who is attending school.

*Affected Public:* Individuals or households.

*Estimated Annual Burden:* 34,500 hours.

*Estimated Average Burden Per Respondent:* 15 minutes.

*Frequency of Response:* One time.

*Estimated Number of Respondents:* 138,000 respondents.

*OMB Number:* 2900-0052

*Title and Form Number:* Report of Medical Examination for Disability Evaluation, VA Form 21-2545.

*Type of Information Collection:*

Extension of a currently approved collection.

*Needs and Uses:* The form is used to gather the necessary information from a claimant prior to undergoing a VA examination and to record the findings of the examining physician.

*Affected Public:* Individuals or households.

*Estimated Annual Burden:* 45,000 hours.

*Estimated Average Burden Per Respondent:* 15 minutes.

*Frequency of Response:* On occasion.

*Estimated Number of Respondents:* 339,000 respondents.

*OMB Number:* 2900-0064

*Title and Form Number:* Application for Amounts Due Estate of Person Entitled to Benefits, VA Form 21-609.

*Type of Information Collection:*

Extension of a currently approved collection.

*Needs and Uses:* The form is used to gather the necessary information to determine the individual(s) who may be entitled to accrued benefits of deceased beneficiaries. The information is used to determine the proper payee for certain accrued benefits.

*Affected Public:* Individuals or households.

*Estimated Annual Burden:* 375 hours.

*Estimated Average Burden Per Respondent:* 30 minutes.  
*Frequency of Response:* One time.  
*Estimated Number of Respondents:* 750 respondents.

**ADDRESSES:** Copies of these submissions may be obtained from Trish Fineran, Veterans Benefits Administration (20M30), Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420, (202) 273-6886.

Comments and recommendations concerning the submissions should be directed to VA's OMB Desk Officer, Allison Eydt, OMB Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 (202) 395-4650. Do not send requests for benefits to this address.

**DATES:** Comments on the information collections should be directed to the OMB Desk Officer on or before October 2, 1995.

**FOR FURTHER INFORMATION CONTACT:** Ron Taylor, VA Clearance Officer (045A4), (202) 565-4412.

Dated: August 24, 1995.

By direction of the Secretary.

**Donald L. Neilson,**

*Director, Information Management Service.*

[FR Doc. 95-21596 Filed 8-30-95; 8:45 am]

BILLING CODE 8320-01-M

**Information Collections Under OMB Review**

**AGENCY:** Veterans Benefits Administration, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** The Veterans Benefits Administration (VBA), Department of Veterans Affairs, has submitted to the Office of Management and Budget (OMB) the following proposals for the collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

*OMB Number:* 2900-0001

*Titles and Form Number:* Veteran's Application for Compensation or Pension, VA Form 21-526.

*Type of Information Collection:*

Extension of a currently approved collection.

*Needs and Uses:* The form is used to gather the necessary information to determine the veteran's eligibility, dependency, and income, as applicable, for the compensation and/or pension sought. The information is used to determine eligibility.

*Affected Public:* Individuals or households.

*Estimated Annual Burden:* 372,426 hours.

*Estimated Average Burden Per Respondent:* 90 minutes.

*Frequency of Response:* One time.

*Estimated Number of Respondents:* 248,284 respondents.

*OMB Number:* 2900-0002

*Title and Form Number:* Income-Net Worth and Employment Statement, VA Form 21-527.

*Type of Information Collection:*

Extension of a currently approved collection.

*Needs and Uses:* The form is used by the claimant to submit a supplemental claim for disability pension or disability compensation based on individual unemployment. The information is used to determine eligibility to these benefits.

*Affected Public:* Individuals or households,

*Estimated Annual Burden:* 104,440 hours.

*Estimated Average Burden Per Respondent:* 60 minutes.

*Frequency of Response:* One time.

*Estimated Number of Respondents:* 104,440 respondents.

*OMB Number:* 2900-0004

*Title and Form Number:* Application for Dependency and Indemnity Compensation, Death Pension and Accrued Benefits by a Surviving Spouse or Child (Including Death Compensation if Applicable), VA Form 21-534.

*Type of Information Collection:*

Extension of a currently approved collection.

*Needs and Uses:* The form is used to gather the necessary information to determine the spouse's and/or children's eligibility, dependency and income, as applicable, for the death benefits sought. The information is used to determine eligibility.

*Affected Public:* Individuals or households,

*Estimated Annual Burden:* 83,462 hours.

*Estimated Average Burden Per Respondent:* 75 minutes.

*Frequency of Response:* One time.

*Estimated Number of Respondents:* 66,770 respondents.

*OMB Number:* 2900-0014

*Title and Form Number:* Authorization and Certification of Entrance or Reentrance into Rehabilitation and Certification of Status, VA Form 28-1905.

*Type of Information Collection:*

Extension of a currently approved collection.

*Needs and Uses:* The form is used to authorize and to certify pursuit and attendance for any Chapter 31, title 38, U.S.C., rehabilitation or Chapter

35 special restorative or specialized vocational training program.

*Affected Public:* Not-for-profit institutions—Individuals or households—Business or other for-profit—Farms—State, Local or Tribal Government.

*Estimated Annual Burden:* 2,917 hours.

*Estimated Average Burden Per Respondent:* 5 minutes.

*Frequency of Response:* On occasion.

*Estimated Number of Respondents:* 35,000 respondents.

*OMB Number:* 2900-0027

*Title and Form Number:* Application for Accrued Benefits by Veteran's Surviving Spouse, Child, or Dependent Parent, VA Form 21-551.

*Type of Information Collection:*

Extension of a currently approved collection.

*Needs and Uses:* The form is used to determine a claimant's entitlement to accrued benefits withheld during a veteran's hospitalization or domiciliary care. The information is used to determine entitlement to accrued benefits.

*Affected Public:* Individuals or households,

*Estimated Annual Burden:* 1,000 hours.

*Estimated Average Burden Per Respondent:* 20 minutes.

*Frequency of Response:* One time.

*Estimated Number of Respondents:* 3,000 respondents.

**ADDRESSES:** Copies of these submissions may be obtained from Trish Fineran, Veterans Benefits Administration (20M30), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420, (202) 273-6886.

Comments and recommendations concerning the submissions should be directed to VA's OMB Desk Officer, Allison Eydt, OMB Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 (202) 395-4650. Do not send requests for benefits to this address.

**DATES:** Comments on the information collections should be directed to the OMB Desk Officer on or before October 2, 1995.

**FOR FURTHER INFORMATION CONTACT:** Ron Taylor, VA Clearance Officer (045A4), (202) 565-4412.

Dated: August 24, 1995.

By direction of the Secretary.

**Donald L. Neilson,**

*Director, Information Management Service.*

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