



**VETERANS APPLICATION FOR ASSISTANCE IN ACQUIRING SPECIAL HOUSING ADAPTATIONS**

**AH**

**PRIVACY ACT NOTICE:** 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 identified in the VA system of records, 55VA26, Loan Guaranty Home, Condominium and Manufactured Home Loan Applicant Records, Specially Adapted Housing Applicant Records and Vendee Loan Applicant Records - VA, and published in the Federal Register. Although VA does not routinely disclose information collected on this form, it is authorized to release information to Congress when requested for statistical purposes. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38 USC 5101(c)(1). Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny a veteran benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. Your obligation to respond is voluntary but failure to provide requested information could impede processing.

**RESPONDENT BURDEN:** This information is needed to help determine a veteran's eligibility for VA Special Housing Adaptation benefits (38, USC 2101). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 20 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](http://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.

**SECTION I - VETERANS APPLICATION (TO BE COMPLETED BY VETERAN)**

1. FIRST NAME - MIDDLE INITIAL - LAST NAME OF VETERAN	2A. VA FILE NO. <b>C-</b>
	2B. SOCIAL SECURITY NO.
3. ADDRESS (Number and street or rural route, city or P.O., State and Zip Code)	4A. TELEPHONE NUMBER (Include Area Code) ( )
	4B. CELL PHONE NUMBER (Include Area Code) ( )
5. E-MAIL ADDRESS	
6. I WISH TO APPLY FOR A GRANT UNDER 38 U.S.C. 2101(b) FOR ADAPTATIONS TO: (Check one)	
<input type="checkbox"/> A. HOUSING TO BE ACQUIRED BY ME IN WHICH I INTEND TO RESIDE	<input type="checkbox"/> B. HOUSING TO BE ACQUIRED BY A MEMBER OF MY FAMILY IN WHICH I INTEND TO RESIDE
<input type="checkbox"/> C. HOUSE NOW OWNED BY ME IN WHICH I RESIDE OR INTEND TO RESIDE	<input type="checkbox"/> D. HOUSE NOW OWNED BY A MEMBER OF MY FAMILY IN WHICH I RESIDE OR INTEND TO RESIDE
7. IF 6B OR 6D IS CHECKED ABOVE, INDICATE FAMILY RELATIONSHIP OF VETERAN AND FAMILY MEMBER WHO OWNS OR WILL OWN HOUSE	
8. LOCATION OF PROPERTY TO BE ADAPTED (Include lot and block numbers, subdivision or other legal description, city, county and State; also street address if available)	

**CERTIFICATION - (Applies only to 6A and 6C above)**

Neither I, nor anyone authorized to act for me, will refuse to sell or rent, after the making of a bonafide offer, or refuse to negotiate for the sale or rental of, or otherwise make unavailable or deny the dwelling or property acquired by this benefit to any person because of race, color, religion or national origin. I recognize that any restrictive covenant on the property relating to race, color, religion or national origin is illegal and void and any such covenant is specifically disclaimed. I understand that civil action for preventive relief may be brought by the Attorney General of the United States in any appropriate U. S. District Court against any person responsible for a violation of the applicable law.

9A. SIGNATURE OF VETERAN	9B. DATE
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**SECTION II - (FOR VA USE ONLY)**

10. NAME OF FIRM(S) WITH WHOM VETERAN HAS A SATISFACTORY BID FOR NECESSARY ADAPTATIONS *(Attach signed copy of bid(s))*

11. COST OF NECESSARY ADAPTATIONS \$	12A. RECOMMENDATION FOR GRANT APPROVAL <i>(Check) (If "Recommended," complete Item 12B)</i> <input type="checkbox"/> RECOMMENDED <input type="checkbox"/> NOT RECOMMENDED	12B. RECOMMENDED AMOUNT OF GRANT \$
13A. SIGNATURE OF SPECIALLY ADAPTED HOUSING AGENT		13B. DATE
14A. SIGNATURE OF VALUATION OFFICER OR DESIGNEE		14B. DATE

**SECTION III - (TO BE COMPLETED BY LOAN GUARANTY OFFICER OR DESIGNEE)**

15. ASSISTANCE IN THE AMOUNT OF \$ \_\_\_\_\_ APPROVED.

16. APPLICATION DISAPPROVED

17A. SIGNATURE OF LOAN GUARANTY OFFICER OR DESIGNEE

17B. DATE