

Date: May 31, 2013

From: VHA PRA Compliance Liaison (10B4)

Subject: Revisions to VA Form 10-0103

To: VA OMB Desk Officer

VA Form 10-0103, Veterans Application for Assistance (in Acquiring Home Improvements and Structural Alterations) has been revised to simplify fillable form fields:

Section I – Veteran/Service member Application

Previous 2010 form:

SECTION I - VETERANS APPLICATION (To be completed by Veteran)		
HAVE YOU MADE PREVIOUS APPLICATION FOR HOME IMPROVEMENTS AND STRUCTURAL ALTERATIONS (HISA)? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>If "Yes" give date and time</i> _____ (mm/dd/yyyy) _____		
1. NAME OF VETERAN (Last, First, MI) (This is a mandatory field.) _____	2. VETERAN'S SOCIAL SECURITY NO. (This is a mandatory field.) _____	3. VA FILE NUMBER _____
4. ADDRESS (Number and Street or Rural Route, City or P.O., State and ZIP Code) _____ _____	5. TELEPHONE NUMBER OF VETERAN (Include Area Code) _____	6. LOCATION OF VA REGIONAL OFFICE THAT HAS YOUR CLAIM FILE _____
	7. BRANCH OF SERVICE (Check) <input type="checkbox"/> ARMY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> NAVY <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER (specify) _____	8. SERVICE SERIAL NUMBER _____
NAME OF PERSON OR FIRM WITH WHOM I SATISFACTORILY BID FOR NECESSARY LABOR AND MATERIALS (Attach a signed copy of bid and include plans and specifications for work to be done.) _____		9. METHOD OF SEPARATION FROM SERVICE (Check) <input type="checkbox"/> DISCHARGED <input type="checkbox"/> RETIRED

- PRA and PA statement has been removed from top of page to bottom of page 2.
- Highlighted fillable fields 3, 6, 7, 8 and 9 have been removed.

SECTION I - VETERAN/SERVICEMEMBER APPLICATION (To be completed by Veteran or Servicemember)	
<p>HAVE YOU MADE PREVIOUS APPLICATION FOR HOME IMPROVEMENT AND STRUCTURAL ALTERATIONS (HISA)</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES IF "YES" GIVE</p> <p>(1) DATE _____ (MM/YYYY) AND ADDRESS OF PROPERTY _____</p> <p>(2) DATE _____ (MM/YYYY) AND ADDRESS OF PROPERTY _____</p>	
<p>HAVE YOU MADE PREVIOUS APPLICATION FOR OTHER VA HOUSING BENEFITS (I.E., SPECIALLY ADAPTED HOUSING, SPECIAL HOME ADAPTATION GRANT, OR VOCATIONAL REHABILITATION AND EMPLOYMENT'S INDEPENDENT LIVING)?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES If "Yes" give</p> <p>(1) date _____ (MM/YYYY) AND ADDRESS OF PROPERTY _____</p> <p>(2) date _____ (MM/YYYY) AND ADDRESS OF PROPERTY _____</p>	
1. NAME OF VETERAN	2. VETERAN'S SOCIAL SECURITY NO.
3. ADDRESS (Number and Street or Rural Route, City or P.O., State and ZIP Code)	4. TELEPHONE NUMBER OF VETERAN (Include Area Code)
	5. E-MAIL ADDRESS
6. WHAT TYPE OF IMPROVEMENTS, ALTERATIONS, MODIFICATIONS ARE YOU APPLYING FOR:	
7. NAME OF PERSON OR FIRM WITH WHOM I SATISFACTORILY BID FOR NECESSARY LABOR AND MATERIALS (Attach a signed copy of bid and include plans and specifications for work to be done.)	
<p>8. IN ORDER TO COMPLETE THE HISA APPLICATION ATTACH THE FOLLOWING TO THIS APPLICATION:</p> <p><input type="checkbox"/> FOR NON-HOME OWNERS - A NOTORIZED STATEMENT FROM THE OWNER OF THE PROPERTY AUTHORIZING THE IMPROVEMENT OR STRUCTURAL ALTERATION TO THE PROPERTY</p> <p><input type="checkbox"/> A WRITTEN ITEMIZED ESTIMATE OF COSTS FOR LABOR, MATERIALS, PERMITS, AND INSPECTIONS FOR THE HOME IMPROVEMENT AND STRUCTURAL ALTERATION</p> <p><input type="checkbox"/> A COLORED PHOTOGRAPH OF THE UNIMPROVED AREA</p>	

- Page 1, Section I: PRA and PA Statement information has been moved to bottom of page 2
- Top block "HISA" alterations has been revised to include *Date 1* and *Date 2*
- Second block "Have you made previous application..." question blocks have been added.
- Number 5. "email address" is included as new fillable field
- Number 6. "what type of improvements, alterations..." new fillable field has been added
- Number 8. Is new with three check boxes
- Certification statement at bottom of page 1 has been revised to include HISA benefits statement with yes or no check boxes.
- The expiration date will be included in the form header with the OMB control number and estimated burden

SECTION II - (FOR VA USE ONLY) HISA COMMITTEE ACTION									
HOME IMPROVEMENT AND STRUCTURAL ALTERATION IS NECESSARY:									
<input type="checkbox"/> TO ASSURE THE CONTINUATION OF TREATMENT OF APPLICANT'S DISABILITY <i>(Specify the disability for which the home improvement or structural alteration is necessary or appropriate)</i>									
<input type="checkbox"/> TO PROVIDE ACCESS TO THE HOME OR TO ESSENTIAL LAVATORY AND SANITARY FACILITIES FOR TREATMENT OF: <ul style="list-style-type: none"> <input type="checkbox"/> A SERVICE-CONNECTED DISABILITY <input type="checkbox"/> A NONSERVICE-CONNECTED DISABILITY OF A VETERAN RECEIVING AUTHORIZED POST-HOSPITAL CARE TREATMENT <input type="checkbox"/> A NONSERVICE-CONNECTED DISABILITY OF A VETERAN WITH SERVICE CONNECTED DISABILITIES RATED 50% OR MORE <input type="checkbox"/> A NONSERVICE-CONNECTED DISABILITY OF A VETERAN OF WORLD WAR I OR THE MEXICAN BORDER PERIOD <input type="checkbox"/> A VETERAN IN RECEIPT OF AID AND ATTENDANCE OR HOUSEBOUND BENEFITS 									
THE WORK TO BE PERFORMED IS: <ul style="list-style-type: none"> <input type="checkbox"/> ROUTINE, MINOR WORK THAT DOES NOT CONSTITUTE A STRUCTURAL ALTERATION OR HOME IMPROVEMENT AND IS NOT CHARGEABLE AGAINST COST LIMITATION. <input type="checkbox"/> A HOME IMPROVEMENT OR STRUCTURAL NECESSARY OR APPROPRIATE FOR EFFECTIVE AND ECONOMICAL TREATMENT OF A DISABILITY. 	COST LIMITATION <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">TOTAL LIFETIME BENEFIT: \$</td> <td style="border: 1px solid black; width: 30%;"></td> </tr> <tr> <td>AMOUNT APPROVED \$</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td>TOTAL PAID TO DATE \$</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td>TOTAL REMAINING \$</td> <td style="border: 1px solid black;"></td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> NOTE: These figures exclude therapeutic devices VA G.C. opinion OP, G. C. 22-75, June 10, 1975 published November 20, 1975 </div>	TOTAL LIFETIME BENEFIT: \$		AMOUNT APPROVED \$		TOTAL PAID TO DATE \$		TOTAL REMAINING \$	
TOTAL LIFETIME BENEFIT: \$									
AMOUNT APPROVED \$									
TOTAL PAID TO DATE \$									
TOTAL REMAINING \$									
<input type="checkbox"/> ASSISTANCE IN THE AMOUNT OF \$ <input style="width: 100px;" type="text"/> APPROVED. <i>(Letter of approval will state this amount, subject to amendment for inclusion of acceptable costs omitted in this application or found to be unnecessary.)</i>									
<input type="checkbox"/> APPLICATION DISAPPROVED, <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>									
REMARKS:									

- Page 2, "Home Improvement" red text block 1: First checkbox text has been revised
- Text block 1 Yellow highlighted area boxes have been deleted
- Block 2, "The work to be performed" ...: has been removed
- Block 3, Cost Limitation "Note" has been removed
- Block 4 has been revised.

SECTION II - (FOR VA USE ONLY) HISA COMMITTEE ACTION	
HOME IMPROVEMENTS AND STRUCTURAL ALTERATIONS IS NECESSARY:	
<input type="checkbox"/>	TO ASSURE THE CONTINUATION OF TREATMENT OF APPLICANT'S DISABILITY <i>(Specify the disability for which the home improvement or structural alteration is necessary or appropriate)</i>

<input type="checkbox"/>	TO PROVIDE ACCESS TO THE HOME OR TO ESSENTIAL LAVATORY AND SANITARY FACILITIES FOR TREATMENT OF:
<input type="checkbox"/>	A SERVICE-CONNECTED DISABILITY
<input type="checkbox"/>	A NONSERVICE-CONNECTED DISABILITY OF A VETERAN WITH SERVICE CONNECTED DISABILITIES RATED 50%OR MORE
COST LIMITATION	
	TOTAL LIFETIME BENEFIT: \$ _____
	AMOUNT APPROVED \$ _____
	TOTAL PAID TO DATE \$ _____
	TOTAL REMAINING \$ _____
<input type="checkbox"/>	ASSISTANCE IN THE AMOUNT OF \$ _____ APPROVED. <i>(Letter of approval will state this amount, subject to amendment for inclusion of acceptable costs omitted in this application or found to be unnecessary.)</i>
<input type="checkbox"/>	ADVANCE PAYMENT IN THE AMOUNT OF \$ _____ PAID ON _____ (MM/DD/YYYY)
<input type="checkbox"/>	FINAL PAYMENT IN THE AMOUNT OF \$ _____ PAID ON _____ (MM/DD/YYYY)
<input type="checkbox"/>	APPLICATION DISAPPROVED,

- Page 2, Section 2 first check box revised
- Check box 4 was deleted
- Check boxes 6 and 7 were deleted.
- Cost Limitation” becomes text block 2, centered, minus “Note.”
- Block 4. has been revised to include 2 new check boxes, “Advanced Payment” and “Final Payment.”