



VETERAN/SERVICEMEMBER'S SUPPLEMENTAL APPLICATION FOR ASSISTANCE IN ACQUIRING SPECIALLY ADAPTED HOUSING

PH NO.

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, CFR 1.576 for routine uses (for example: authorized release of information to Congress when requested for statistical purposes) 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, published in the Federal Register. Your obligation to respond is required in order to determine your eligibility for a Specially Adapted Housing grant.

RESPONDENT BURDEN: We need this information to determine or verify your eligibility for a grant for specially adapted housing. Title 38, U.S.C. 2101(a) or 2101(b), allows us to ask for this information. We estimate that you will need an average of 15 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. 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.

SECTION I - VETERAN/SERVICEMEMBER'S INFORMATION (To be completed by Veteran/Servicemember)

1. FIRST NAME - MIDDLE INITIAL - LAST NAME OF VETERAN OR SERVICEMEMBER		2. VA FILE NO. OR SOCIAL SECURITY NO.	
3A. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)	3B. TELEPHONE NUMBERS		3C. CELL PHONE NO. (Include Area Code)
	DAYTIME (Include Area Code)		4. E-MAIL ADDRESS
	EVENING (Include Area Code)		

5. I WISH TO APPLY FOR A GRANT UNDER CHAPTER 21, TITLE 38, U.S.C. FOR (Check one)

<input type="checkbox"/> A. LAND AND HOUSING TO BE ACQUIRED BY VETERAN OR SERVICEMEMBER (PLAN 1)	<input type="checkbox"/> B. HOUSING TO BE ERECTED ON LAND NOW OWNED BY VETERAN OR SERVICEMEMBER (PLAN 2)
<input type="checkbox"/> C. REMODELING TO BE DONE ON HOUSE NOW OWNED OR TO BE ACQUIRED BY VETERAN OR SERVICEMEMBER (PLAN 3)	<input type="checkbox"/> D. SUITABLE PROPERTY NOW OWNED OR TO BE ACQUIRED BY VETERAN OR SERVICEMEMBER NEEDING NO REMODELING (PLAN 4)

6. LOCATION OF PROPERTY (Include lot and block number, subdivision, or other legal description, city or county and State; also street address if available)

7. SOURCE(S) OF INCOME	8. MONTHLY INCOME	9. WHO WILL OCCUPY YOUR HOUSEHOLD	
		A. AGE	B. RELATIONSHIP
A. VA COMPENSATION	\$		
B. SOCIAL SECURITY	\$		
C.	\$		
D.	\$		
E.	\$		
F.	\$		

SECTION II - VETERAN/SERVICEMEMBER MORTGAGE INFORMATION (To be completed by Veteran or Servicemember)

1A. NAME AND ADDRESS OF LENDER		1B. NAME AND TITLE OF LENDING OFFICIAL		1C. TELEPHONE NO. OF LENDING OFFICIAL	
2. LOAN DATA		3. AMOUNT OF MONTHLY INSTALLMENT		4. REMAINING REPAYMENT PERIOD (Yrs., Mos.)	
A. TYPE <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	B. AMOUNT \$	\$		5. INTEREST RATE %	

6. FINANCING BY:		7. VETERAN'S CONTRIBUTION			
<input type="checkbox"/> GUARANTEED LOAN	<input type="checkbox"/> CONVENTIONAL LOAN	A. TYPE <input type="checkbox"/> CASH <input type="checkbox"/> EQUITY		B. AMOUNT \$	
<input type="checkbox"/> DIRECT LOAN	<input type="checkbox"/> OTHER (Specify)				

8. ANNUAL COST OF MAINTAINING THE SUBJECT PROPERTY IS ESTIMATED AS FOLLOWS:

A. TAXES	B. SPECIAL ASSESSMENTS	C. INSURANCE	D. HEAT AND UTILITIES	E. MISC. REPAIRS	F. TOTAL
\$	\$	\$	\$	\$	\$

CERTIFICATION

Neither I, nor anyone authorized to act for me, will refuse to sell or rent, after the making of a bona fide 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, sex, or national origin. I recognize that any restrictive covenant on the property relating to race, color, religion, sex, age, handicap status, familial status 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.

9. SIGNATURE OF VETERAN, SERVICEMEMBER, OR FIDUCIARY	10. DATE
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SECTION III - FOR VA USE ONLY

1. I AM OF THE OPINION THAT THE TERMS OF PAYMENT REQUIRED IN THE MORTGAGE PLUS OTHER EXPENSES INCIDENT TO THE OWNERSHIP OF THE HOUSING UNIT <input type="checkbox"/> DO <input type="checkbox"/> DO NOT BEAR A PROPER RELATIONSHIP TO THE VETERAN'S PRESENT AND ANTICIPATED INCOME AND EXPENSES	
2. NAME OF BUILDING CONTRACTOR (Attach copy of contract)	
3. PLANS AND SPECIFICATIONS ARE ATTACHED FOR: <input type="checkbox"/> HOUSING TO BE CONSTRUCTED <input type="checkbox"/> REMODELING TO BE ACCOMPLISHED	
4. SIGNATURE OF VA PERSONNEL	5. DATE