

VIP 4555 first screen

OMB Approved No. 2900-0152
Respondent Burden: 10 minutes

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: Authorizing 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 to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38, CFR 3.809. The VA will not deny an individual 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.

RESPONDENT BURDEN: We need this information to determine or verify your eligibility for a specially adapted housing or special home adaptation grant. 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 10 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 <http://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.

[SAH Information](#) > Application Step 1

New Grant Application | Step 1 of 3

What is the applicant's name, SSN and date of birth?

First Name*	<input type="text"/>	Middle Name	<input type="text"/>
Last Name*	<input type="text"/>	Suffix	<input type="text"/>
Social Security Number*	<input type="text"/>	Date of Birth*	<input type="text"/>

What is the applicant's address where correspondence should be sent?

Address Line 1*	<input type="text"/>	Address Line 2	<input type="text"/>
City*	<input type="text"/>	State*	<input type="text"/>
Zip Code*	<input type="text"/>		
Phone Number Type*	<input type="text"/>	Phone Number*	<input type="text"/>
Phone Number Type	<input type="text"/>	Phone Number	<input type="text"/>
Phone Number Type	<input type="text"/>	Phone Number	<input type="text"/>
Email Address	<input type="text"/>		

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[AH Information](#) > [Application Step 1](#) > Application Step 2

OMB Approved No. 2900-0132
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New Grant Application | Step 2 of 3

If known, please answer the below questions:

Does the applicant have a VA Claim file number?

What is the Claim File Number?

What VA Regional Office has the Claim File?

What is Applicant's Branch of Service?

- Army
- Navy
- Air Force
- Coast Guard
- Marines
- Other

What are the Applicant's Service Serial Number(s), if known?

What was Applicant's Method of Separation From Service?

When did Applicant Enter Active Service, if known?

Where did Applicant Enter Active Service, if known?

Is Applicant currently Active Duty?

When was Applicant Released From Active Duty?

Where was Applicant Released From Active Duty?

Click Next to enter the last step of the application process

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Has Applicant Applied for Disability Compensation?	<input type="text" value="Yes"/>
When did Applicant Apply for Disability Compensation?	<input type="text"/>
Where did Applicant Apply for Disability Compensation?	<input type="text"/>
Have You Made a Previous Application for Specially Adapted Housing?*	<input type="text" value="Yes"/>
When did Applicant previously apply for Specially Adapted Housing?	<input type="text"/>
Where did Applicant previously apply for Specially Adapted Housing?	<input type="text"/>
Have you made previous application for home improvement and structural alteration grant?*	<input type="text" value="Yes"/>
When was the previous grant application made?	<input type="text"/>
Where did you apply for the grant?	<input type="text"/>
Have you previously received a Specially Adapted Housing grant?*	<input type="text" value="Yes"/>
When was the grant received?	<input type="text"/>

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Is Applicant confined to a nursing home or medical care facility?*

What is the name and address of the medical facility?

Name*

Address Line 1*

Address Line 2

City*

State*

Zip Code* -

Does applicant have a Power of Attorney?*

What is the name, address and telephone number of the Power of Attorney?

Power of Attorney Name*

Address Line 1*

Address Line 2

City*

State*

Zip Code* -