



**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](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.

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

6. LOCATION OF PROPERTY TO BE ADAPTED IF KNOWN (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	
A. VA COMPENSATION		\$	
B. SOCIAL SECURITY		\$	
C.		\$	
D.		\$	
E.		\$	

9. DO YOU HAVE A DURABLE POWER OF ATTORNEY, CONSERVATOR OR COURT APPOINTED GUARDIAN?  
 YES  NO

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

1A. NAME AND ADDRESS OF MORTGAGE SERVICER	1B. NAME AND TITLE OF LENDING OFFICIAL (Only required if new financing)	1C. TELEPHONE NO. OF LENDING OFFICIAL (If new financing)
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**2. LOAN DATA**

A. TYPE <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	B. AMOUNT/UNPAID LOAN BALANCE \$	C. PURCHASE PRICE \$	D. AMOUNT OF MONTHLY INSTALLMENT \$	F. INTEREST RATE (Percentage) %
			E. REMAINING REPAYMENT PERIOD (Years, Months.)	G. DOES THE SUBJECT PROPERTY HAVE ANY LIENS, JUDGEMENTS OR BANKRUPTCIES? (If "YES," enter amount) <input type="checkbox"/> YES <input type="checkbox"/> NO \$

H. FINANCING BY:  GUARANTEED LOAN  DIRECT LOAN  CONVENTIONAL LOAN  OTHER (Specify)

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

A. TAXES \$	B. CONDOMINIUM/HOA FEE \$	C. INSURANCE \$	D. HEAT AND UTILITIES \$	E. MISC. REPAIRS \$	F. TOTAL \$
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**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 housing unit acquired by this benefit, to any person because of race, color, religion, sex, familial status, disability or national origin. I recognize that any restrictive covenant on the housing unit relating to race, color, religion, sex, familial status, disability 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.

4. SIGNATURE OF VETERAN, SERVICEMEMBER, OR FIDUCIARY	5. DATE SIGNED (MM/DD/YYYY)
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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:  
 DO  DO NOT BEAR A PROPER RELATIONSHIP TO THE VETERAN'S PRESENT AND ANTICIPATED INCOME AND EXPENSES

2. SIGNATURE OF VA PERSONNEL	3. DATE SIGNED (MM/DD/YYYY)
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