OMB Approved No. 2900-0132
Respondent Burden: 10 minutes
Expiration Date: XX/XX/XXXX

Department of Veterans Affairs

Reference Number: 197356

VETERAN'S APPLICATION IN ACQUIRING SPECIALLY ADAPTED HOUSING OR SPECIAL HOME ADAPTATION GRANT
(Title 38 U.S.C. Section 2101(a) or 2101(b))

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 response 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. VA cannot conduct or sponsor, and a person is not required to respond to a collection unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-XXXX, and it expires XX/XX/20XX. Public reporting burden for this collection is estimated to average 10 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at vapra@va.gov. Please refer to OMB Control No. 2900-XXXX in any correspondence. Do not send your completed VA eForm 26-4555 to this email address.

1. FIRST NAME - MIDDLE INITIAL - LAST NAME OF VETERAN

2. VETERAN'S SOCIAL SECURITY NO.
XXX-80-XXXX

3. VA FILE /CLAIM NUMBER

4. DATE OF BIRTH
XX/XX/XXXX

5. E-MAIL ADDRESS
igor@fake.com

6. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)

7. TELEPHONE NUMBERS OF VETERAN (Include Area Code)

A. DAYTIME

B. EVENING

C. CELL
(XXX) XXX-XXXX

B. HAVE YOU MADE A PREVIOUS APPLICATION FOR SPECIALLY ADAPTED HOUSING?*(If "YES," give date and place)*

☐ Yes ☑ No

C. HAVE YOU MADE PREVIOUS APPLICATION FOR HOME IMPROVEMENT AND STRUCTURAL ALTERATION GRANT?*(If "YES," give date and place)*

☐ Yes ☑ No

D. ARE YOU CONFINED TO A NURSING HOME OR MEDICAL CARE FACILITY? (If "YES," give name and address of facility)

☐ Yes ☑ No

E. REMARKS

Comments for test review

CERTIFICATION

I am applying for assistance in acquiring specially adapted housing or special home adaptation grant because of the nature of my service-connected disability. I understand that there are medical and economic features, and that documentation supporting my adaptation plans and cost estimates have yet to be considered as part of the review process before I am eligible for this benefit, and that I will be notified of the action taken on this application as soon as possible.

12A. SIGNATURE OF VETERAN (Sign full name)

Electronic Application - Validated by LGY (Signature not required)

12B. DATE SIGNED
XX/XX/XXXX

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VA FORM **26-4555**
XXXX

SUPERSEDES VA FORM 26-4555, SEP 2024,
WHICH WILL NOT BE USED.

ELIGIBILITY AND VERIFICATION DOCUMENTS (Please Read Carefully)

The information gathered is necessary for both to verify your eligibility for the SAH or SHA grant and to support the review and approval of proposed residential construction.

You must provide:
One document from List A,
One document from List B,
One document from List C, and
One document from List D

Note: If you do not have a tax bill or a tax statement, you may instead submit acceptable receipts (A Canceled Check, Online Tax Statement, Official Tax payment receipt).

A. Verification of Ownership Documents	B. Construction and Readiness	C. Property Ownership and Qualification Document	D. Identify Verification Documents
1. Owners Policy or Title	1. Description of Materials	1 Property Tax Document	1.10091 Vendor Form
2. Mortgage Insurance Statement	2. Construction Contract	2. Trust Documentation	2. Local Builder Licensure
3. Deed	3. Proposed Plans	3. Lease Documentation	
4. Loan Statement	4. Construction Payment Schedule	4. Tribal Memorandum of Understanding Documentation	