## **Department of Veterans Affairs**

MAIL THIS FORM TO:

VA Eligibility Center P.O. Box 20729 Winston-Salem, NC 27120

## **REQUEST FOR CERTIFICATE OF VETERAN STATUS**

Privacy Act Notice: This form provides information that is used in determining whether VA can issue a Certificate of Veteran Status which may be beneficial when obtaining a FHA insured loan. 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, Code of Federal Regulations 1.576 for routine uses (i.e. authorize release of information to Congress when requested on behalf of a lender) as 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, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits 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.

ndent Burden: This information is needed to help determine your qualifications for the desired benefit. Title 38. United States Code, 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. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <a href="https://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA">www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA</a> . If desired, you can call 1-800-827-1000 to obtain information on where to send comments or suggestions about this form.							
INSTRUCTIONS: Read carefully before completing form. Use typewriter or print legibly. Complete all applicable items.							
B. At C. If	tach to this request you lack proper dis	all your discharge or charge or separation	of of service, to the VA Eligibility Center a r separation papers from the periods of acti papers, any Veterans Service Representati equest, you should contact the nearest VA	ive service in the Arme ive will assist you in pr	ed Forces of the U.S. listed cocuring such papers. If you		egarding the
1. NAM	E (Last, First, Middle	e) 0F VETERAN	2. ADDRESS OF VET	/ETERAN (Number, Street, City, State, and ZIP Code)		3. DATE OF BIRTH	
MILITARY SERVICE DATA							
I request that I be issued a Certificate of Veteran Status which I may furnish to a lender when applying for a HUD-insured loan under section 203(b)(2) or 220(d)(a) of the National Housing Act, as amended. (Begin on line 4A and enter your latest period of service followed by preceding service, if any, on line 4B, continuing on reverse if necessary.)							
4. I	PERIOD OF ACT	IVE SERVICE	NAME	NAME		CEDVICE NUMBER OF BRANCH OF	
ITEM_ NO.	DA FROM	TE TO	(Show your name exactly as it a discharge papers for each peri	SERVICE NUMBER OR SOCIAL SECURITY NUMBER SERVICE			
А							
В							
5. VA CLAIM NUMBER NOTE: If upon your release from the latest period of active military duty, you received DD Form 214,							
C-			NAVPERS Form 553, or similar for	rm or form letter in	lieu of a discharge, com	plete Items 6	A and 6B.
	_	CTIVE MILITARY DU	TY?	FOR VA USE ONLY			
	RE YOU ON ACTIV	'E MILITARY DUTY ( ICATED IN THE PAP	ON THE DAY FOLLOWING THE DATE ERS SUBMITTED?	DATE CERTIFICATE OF VETERANS STATUS ISSUED  DISCHARGE OR SEPARATION PAPERS RETURNED TO:			
YE	S NO						
I CERTIFY THAT the statements herein are true to the best of my knowledge and belief.							
7. SIGNATURE OF VETERAN 8. DATE							
IMPORTANT INSTRUCTIONS: If the Certificate is to be sent to the veteran, the complete mailing address should be shown in Item 11. If it is desired that the certificate be sent to other than the veteran, the name and address of such person or firm should be shown in Item 11. Items 9 and 10 need be completed only when the certificate is being sent to other than the veteran.							
DO NOT DETACH							
TRANSMITTAL OF CERTIFICATE OF VETERAN STATUS  9A. NAME OF VETERAN  10. FILE REFERENCE							
9A. NAME OF VETERAN					10. FILE REFERENCE		
9B. SEF	RVICE NUMBER/SO	OCIAL SECURITY NU	JMBER OF VETERAN				
The discharge or separation papers returned herewith will not be required as				in unless	FOR VA USE ONLY DATE		
requested. DATE 11. RETURN TO:							
					ENCLOSURES  CERTIFICATE OF VETERAN STATUS  DISCHARGE OR SEPARATION PAPERS  OTHER (Specify)		