## REQUEST FOR DETERMINATION OF LOAN GUARANTY ELIGIBILITY - UNMARRIED SURVIVING SPOUSES

PRIVACY ACT INFORMATION: 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 (e.g., to a member of Congress inquiring on behalf of a veteran) 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 in order to determine the surviving spouse's qualifications for a loan.

RESPONDENT BURDEN: We need this information to determine a surviving spouse's qualifications for a VA-guaranteed home loan. Title 38, U.S.C., section 3702 authorizes collection of 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. You are not required to respond to a collection of information is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <a href="https://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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IMPORTANT: Complete this form if applying for home loan benefits as an unmarried surviving spouse of a veteran whose death was service-connected. (Note: In some cases, surviving spouses who remarry on or after age 57 may have eligibility.) DO NOT complete this form if requesting restoration of previously used home loan benefit entitlement. Instead, complete VA Form 1880, Request for a Certificate of Eligibility.	то	Atlanta Regional Loan Center Attn: COE (262) P. O. Box 100034 Decatur, GA 30031

**Department of Veterans Affairs** 

				the appli	cunty					
1A. NAME AND ADDRESS OF APPLICAN	NT (Unmarried surviving spo	ouse)			T NAME OF V	/ETERA	N			
			5. VA FILE NO. <b>XC-</b>			6. LOCATION OF VA CLAIMS FILE (If known)				
1B. APPLICANT'S DAYTIME TELEPHONE NO. (Including area code)				7. VETERAN'S SERVICE NO. 8. VETER				I'S BRANCH OF SERVICE		
2. APPLICANT'S BIRTH DATE				9. DATE OF VETERAN'S DEATH						
NOTE: If you have had active military duty complete Items 3A, 3B and 3C below.				10. PERIODS OF DECEASED VETERAN'S MILITARY DUTY						
3A. BRANCH OF SERVICE     3B. SERVICE NUMBER			A. FROM			<u>vererout</u>	B. TO			
3C. PERIODS OF SERVICE										
11A. HAVE YOU PREVIOUSLY APPLIED	BILITY FOR LOC			CATION OF VA OFFICE						
LOAN GUARANTY BENEFITS?			11B.							
YES NO (If "Yes," complete	Item 11B)									
12A. HAVE YOU PREVIOUSLY RECEIVED A CERTIFICATE OF ELIGIBILITY FOR SUCH BENEFITS? 12B.										
YES NO (If "Yes," complete	Item 12B)									
13A. HAVE YOU PREVIOUSLY SECURE	D A VA DIRECT, GUARANTE	EED OR INSU	RED LOAN?		13B.					
YES NO (If "Yes," complete										
<b>IMPORTANT:</b> If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you became eligible for benefits.) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at <u>http://www.va.gov/opa/marriage/</u> .										
CERTIFICATION: I CERTIFY THAT the above information is true and accurate to the best of my knowledge and belief.										
14. SIGNATURE OF APPLICANT (Unma						15. DATE				
Federal statutes provide severe penalt insurance or the granting of any loan by			on or crimina	l connivan	ce or conspir	acy to	influence the	issuance of my guaranty or		
	P	ART II - FO	R VA USE	ONLY						
		SE	CTION A							
TO Regional Office/Center			RETURN TO (After completion of Section B)	Department	uranty Officer nt of Veterans Affairs Office/Center					
The foregoing request for detern is forwarded to you for appropr completion of Section B.		16. SIGNA	TURE OF LO	AN GUARA	NTY OFFICE	R OR D	ESIGNEE	17.DATE		
		SE	CTION B							
<ul> <li>18A. CHECK APPROPRIATE BOX(ES)</li> <li>THE ABOVE NAMED DECEASED VETERAN SERVED ON ACTIVE DUTY AS DEFINED IN 38 U.S.C. 101(21) AND SERVED DURING A PERIOD OF SERVICE SPECIFIED IN 38 U.S.C. 3702 AND IT HAS BEEN DETERMINED THAT DEATH WAS FROM A SERVICE-CONNECTED DISABILITY. THE ABOVE NAMED APPLICANT IS RECOGNIZED AS THE UNMARRIED SURVIVING SPOUSE</li> <li>APPLICANT IS NOT ELIGIBLE (If checked, complete Item 18B)</li> </ul>										
19. SIGNATURE	, 1 ,	TITLE						21. DATE		
	20.	LL						21. UNIL		