



INSTRUCTIONS - PLEASE READ CAREFULLY

INSTRUCTIONS: Complete this form when issuing a Directives Management System (DMS) document. The distribution will be determined by your organization's Publications Control Officer (PCO) or Reports Coordinator. When a new reporting requirement is involved, Section VI must be completed and you must submit the proposed directive, this form, and VA Form 3440 to your organization's Reports Coordinator for concurrence and assignment of a report identifier after obtaining all internal concurrences.

SECTION I - DIRECTIVE INFORMATION

1. TITLE (Manual, circular, guide, etc.)

Circular 26-21-03

2. SUBJECT

Certificate of Eligibility Enhancements to Streamline Income Verification

3. PURPOSE

Announce enhancements to the COE for VA's home loan guaranty program.

4. DIRECTIVE(S) RESCINDED BY THIS DOCUMENT

5. REPORT REQUIRED

YES  NO (If "YES," complete Section VI)

SECTION II - ORIGINATING OFFICE

6A. ORIGINATOR

Terry Rouch (Contact Deborah Stewart)

6B. ROUTING SYMBOL

26

6C. TELEPHONE NUMBER

202-632-8785

7A. PCO LIAISON OFFICER SIGNATURE

Deborah Stewart

7B. DATE

SECTION III - CONCURRENCES

ROUTING SYMBOL	SIGNATURE	DATE	ROUTING SYMBOL	SIGNATURE	DATE
(20)			(28)		
(20A1)			(29)		
(20A2)					
(20S)					
(20T)					
(21)					
(22)					
(24)					
(26)					

SECTION IV - APPROVAL SIGNATURES

8A. DIRECTOR OF VBA PROGRAM SERVICE OR STAFF OFFICE

Jeffrey F. London, Loan Guaranty Service

8B. DATE

02/12/2021

9A. UNDER SECRETARY FOR BENEFITS (Signature required as outlined in Memo 20-95-9)

9B. DATE

SECTION V - OFFICE OF VBA PCO

10A. VBA PCO SIGNATURE

10B. DATE

11A. REVIEWING ANALYST

11B. PHONE NUMBER

12A. CONTROL NUMBER

12B. DATE ASSIGNED

**SECTION VI - REPORT IDENTIFICATION**

13. TITLE OF REPORT		14. REPORT IDENTIFIER (RCN, COIN, IRCN)	
15. TYPE OF REPORT <i>(Check all that apply)</i>		16. FREQUENCY OF REPORT <i>(Check one)</i>	17. REPORT DUE DATE(S)
<input type="checkbox"/> MANUAL	<input type="checkbox"/> NONRECURRING	<input type="checkbox"/> REPORT TO CONGRESS	
<input type="checkbox"/> AUTOMATED	<input type="checkbox"/> INTERNAL	<input type="checkbox"/> REPORT TO OMB	
<input type="checkbox"/> RECURRING	<input type="checkbox"/> INTERAGENCY	<input type="checkbox"/> PUBLIC USE	
<input type="checkbox"/> NEW	<input type="checkbox"/> REVISED	<input type="checkbox"/> ANNUAL	
		<input type="checkbox"/> AS REQUIRED	
		<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> OTHER <i>(Specify)</i>
		<input type="checkbox"/> MONTHLY	_____

18. PURPOSE OF REPORT

**SECTION VII - DISTRIBUTION OF DIRECTIVE AND/OR REPORT** *(If additional space is needed, continue on a separate sheet)*

19. DATE THAT DIRECTIVE/REPORT MUST REACH USING OFFICES TO ACCOMPLISH PURPOSE

20. INDICATE DISTRIBUTION TO BE MADE *(For example RPC 2001; VBAFS 1 each, etc.)*

DIRECTIVE	REPORT
<p><u>JFL</u> intranet</p> <p><u>JFL</u> internet</p>	

21. SPECIAL DISTRIBUTION *(Check all that apply)*

<input type="checkbox"/> HEADQUARTERS, NATIONAL SVC ORG	<input type="checkbox"/> EDUCATION LIAISON REPRESENTATIVES	<input type="checkbox"/> OTHER <i>(Specify)</i>
<input type="checkbox"/> ACCREDITED REPRESENTATIVES	<input type="checkbox"/> INSTITUTIONS OF HIGHER LEARNING	_____
<input type="checkbox"/> VETERANS SERVICES REPRESENTATIVE	<input type="checkbox"/> VETERANS SERVICES CENTER	

22. REMARKS