OMB Control No. 2900-0745 Respondent Burden: 10 Minutes Expiration Date: 2/28/2026

Department of Veterans Affairs

MAIL THIS FORM TO:

TO THE REGIONAL LOAN CENTER OF JURISDICTION. SEE PAGE 2 FOR REGIONAL LOAN CENTER ADDRESSES.

REQUEST FOR CERTIFICATE OF VETERAN STATUS

PRIVACY ACT INFORMATION: 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.

estin valid	nate that you will need an l OMB control number is	average of 10 minutes to displayed. You are not re	led to help determine your qualifications for to be review the instructions, find the information equired to respond to a collection of informat L. If desired, you can call 1-800-827-1000 to o	i, and complete this form. You ion if this number is not di	VA cannot conduct or sponsor a collecti splayed. Valid OMB control numbers c	on of information unless a an be located on the OMB	
INS	TRUCTIONS: Read	carefully before comp	oleting form. Use typewriter or print leg	ibly. Complete all appl	icable items.		
A. N	Mail this completed for	rm, along with proof o	of service, to the Regional Loan Center	of Jurisdiction. See pag	ge 2 for Regional Loan Center addr	esses.	
B. A	Attach to this request al	ll your discharge or se	eparation papers from the periods of acti	ive service in the Arme	d Forces of the U.S. listed in Item	4.	
			pers, any Veterans Service Representati equest, you should contact the nearest V			loubt regarding the	
1. N	AME (Last, First, Midd	dle) OF VETERAN:	2. ADDRESS OF VETERAN (Number, Street, City, State, and ZIP Code):		3. DATE OF BIRTH (MM/DD/YYYY):		
			MILITARY SER	VICE DATA			
the 1			n Status which I may furnish to a lender on line 4A and enter your latest period				
	4. PERIOD OF ACT	IVE SERVICE	NAME				
ЕМ	DATE (MM/DD/YYYY)		(Show your name exactly as it appears on your		SERVICE NUMBER OR SOCIAL SECURITY NUMBER	BRANCH OF SERVICE	
10.	FROM	то	discharge papers for each pe	eriod of service)	SOUNE SECONITY NOMBER		
Α							
В							
5. V. C-	A CLAIM NUMBER:	JMBER: NOTE: If upon your release from the latest period of active military duty, you received DD Form 214, NAVPERS Form 553, or similar form or form letter in lieu of a discharge, complete Items 6A and 6B.					
6A.	ARE YOU NOW ON AC	CTIVE MILITARY DUT	Υ?		FOR VA USE ONLY		
	YES NO			DATE CERTIFICATE	OF VETERANS STATUS ISSUED	(MM/DD/YYYY):	
6B.	WERE YOU ON ACTIV	/E MILITARY DUTY O	N THE DAY FOLLOWING THE DATE				
	OF SEPARATION IND YES NO	PARATION INDICATED IN THE PAPERS SUBMITTED? DISCHARGE OR SEPARATION PAPERS RETURNED TO:					
I CI	ERTIFY THAT the st	tatements herein are tr	rue to the best of my knowledge and bel	ief.			
7. SIGNATURE OF VETERAN (Sign in ink): 8. DATE (MM/DD/YYYY):							
cert		than the veteran, the	ificate is to be sent to the veteran, the coname and address of such person or firm.				
			DO NOT DE				
			TRANSMITTAL OF CERTIFICA	TE OF VETERAN			
9A.	NAME OF VETERAN:				10. FILE REFERENCE:		
9B.	SERVICE NUMBER/SC	OCIAL SECURITY NU	MBER OF VETERAN:				
The	discharge or separatio	on papers returned here	FOR VA US	FOR VA USE ONLY			
11. I	RETURN TO:		DATE (MM/DD/YYYY):				

ENCLOSURES:

OTHER (Specify):

CERTIFICATE OF VETERAN STATUS DISCHARGE OR SEPARATION PAPERS

If you live in:	Please send your completed application to:		
Georgia, North Carolina, South Carolina, Tennessee	Department of Veterans Affairs Atlanta Regional Loan Center P.O. Box 100023 Decatur, GA 30031-7023		
Connecticut, Delaware, Indiana, Maine, Massachusetts, Michigan, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont	Department of Veterans Affairs Cleveland Regional Loan Center 1240 East Ninth Street Cleveland, OH 44199		
Alaska, Colorado, Idaho, Montana, Oregon, Utah, Washington, Wyoming	Department of Veterans Affairs Denver Regional Loan Center Box 25126 Denver, CO 80225		
Hawaii, Guam, American Samoa Commonwealth of the Northern Marianas	1		
Arkansas, Louisiana, Oklahoma, Texas	Department of Veterans Affairs Houston Regional Loan Center 6900 Almeda Road Houston, TX 77030-4200		
Arizona, California, New Mexico, Nevada	Department of Veterans Affairs Phoenix Regional Loan Center 3333 N. Central Avenue Phoenix, AZ 85012-2402		
District of Columbia, Kentucky, Maryland, Virginia, West Virginia	Department of Veterans Affairs Roanoke Regional Loan Center 210 Franklin Road, S.W. Roanoke, VA 24011		
Illinois, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin	Department of Veterans Affairs St. Paul Regional Loan Center 1 Federal Drive, Ft. Snelling St. Paul, MN 55111-4050		
Alabama, Florida, Mississippi, Puerto Rico, U.S. Virgin Islands	Department of Veterans Affairs St. Petersburg Regional Loan Center 9500 Bay Pines Blvd. St. Petersburg, FL 33744		

VA FORM 26-8261a, FEB 2023 Page 2