OMB Approved No. 2900-0300
Respondent Burden: 1/3 hour

Department of Veterans Affairs

VETERANS APPLICATION FOR ASSISTANCE IN ACQUIRING SPECIAL HOUSING ADAPTATIONS

AH

PRIVACY ACT INFORMATION: No grant may be awarded unless a completed application form has been received (38 U.S.C. 801(b)). You are not required to furnish the information, but are urged to do so, since it is vital to proper action by VA in your case. Any disclosure of the information outside VA will only be made as permitted by law.

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 1/3 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to VA Clearance Officer (70Y732), 810 Vermont Avenue, NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0300), Washington, DC 20503. Do NOT send requests for benefits to these addresses.

SECTION I – VETERANS APPLICATION *(To be completed by Veteran)*

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

2. VA FILE NO.
C–

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

4. SOCIAL SECURITY NUMBER

5. I WISH TO APPLY FOR A GRANT UNDER 38 U.S.C. 801(b) FOR ADAPTATIONS TO : *(Check one)*

☐ A. HOUSING TO BE ACQUIRED BY ME IN WHICH I INTEND TO RESIDE

☐ B. HOUSING TO BE ACQUIRED BY A MEMBER OF MY FAMILY IN WHICH I INTEND TO RESIDE

☐ C. HOUSE NOW OWNED BY ME IN WHICH I RESIDE OR INTEND TO RESIDE

☐ D. HOUSE NOW OWNED BY A MEMBER OF MY FAMILY IN WHICH I RESIDE OR INTEND TO RESIDE

6. IF 5B OR 5D IS CHECKED ABOVE, INDICATE FAMILY RELATIONSHIP OF VETERAN AND FAMILY MEMBER WHO OWNS OR WILL OWN HOUSE

7. LOCATION OF PROPERTY TO BE ADAPTED *(Include lot and block numbers, subdivision or other legal description, city, county and State; also street address if available)*

CERTIFICATION *(Applies only to 5A and 5C above)*

Neither I, nor anyone authorized to act for me, will refuse to sell or rent, after the making of a bonafide offer, or refuse to negotiate for the sale or rental of, or otherwise make unavailable or deny the dwelling or property acquired by this benefit to any person because of race, color, religion or national origin. I recognize that any restrictive covenant on the property relating to race, color, religion or national origin is illegal and void and any such covenant is specifically disclaimed. I understand that civil action for preventive relief may be brought by the Attorney General of the United States in any appropriate U.S. District Court against any person responsible for a violation of the applicable law.

8A. SIGNATURE OF VETERAN

8B. DATE

SECTION II – *(FOR VA USE ONLY)*

9. NAME OF FIRM WITH WHOM VETERAN HAS A SATISFACTORY BID FOR NECESSARY ADAPTATIONS *(Attach signed copy of bid)*

10. COST OF NECESSARY ADAPTATIONS
$

11A. RECOMMENDATION FOR GRANT APPROVAL *(Check)*
☐ RECOMMENDED ☐ NOT RECOMMENDED *(If "Recommended," complete Item 11B)*

11B. RECOMMENDED AMOUNT OF GRANT
$

12A. SIGNATURE OF AUTHORIZED AGENT

12B. DATE

SECTION III – *(FOR CENTRAL OFFICE USE ONLY)*

☐ 13. ASSISTANCE IN THE AMOUNT OF $_____APPROVED. *(Letter of approval will state this amount, subject to amendment for inclusion or exclusion of acceptable costs omitted in this application or found to be unnecessary.)*

☐ 14. APPLICATION DISAPPROVED

15A. SIGNATURE OF CHIEF, SPECIALLY ADAPTED HOUSING OR AUTHORIZED AGENT

15B. DATE

☆U.S. Government Printing Office: 1990-262-755/06473