OMB Approved No. 2900-0132
Respondent Burden: 10 Mins.

Department of Veterans Affairs

VETERAN'S APPLICATION IN ACQUIRING SPECIALLY ADAPTED HOUSING OR SPECIAL HOME ADAPTATION GRANT

(Title 38 U.S.C. Section 2101(a) or 2101(b))

PRIVACY ACT INFORMATION: No allowance of benefits for specially adapted housing may be granted unless the information requested is furnished as required by existing law (38 CFR 3.809). The information requested is considered relevant and necessary to determine maximum benefits provided under the law. Responses may be disclosed outside the VA if the disclosure is authorized under the Privacy Act, including the routine uses 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, published in the Federal Register.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Clearance Officer (045A4), 810 Vermont Ave., NW, Washington, DC 20420. SEND COMMENTS ONLY, NOT THIS FORM OR REQUESTS FOR BENEFITS TO THIS ADDRESS.

INSTRUCTIONS: This application should be submitted to the regional office where your file is located. If you have never filed a claim for benefits with the Department of Veterans Affairs, send this application to the nearest VA regional office.

1. FIRST NAME-MIDDLE INITIAL-LAST NAME OF VETERAN	2A. VETERAN'S SOCIAL SECURITY NO.	2B. VA FILE NO.
3. ADDRESS *(Number and street or rural route, city or P.O., State and ZIP Code)*	4. TELEPHONE NO. OF VETERAN *(Include Area Code)*	
	5. LOCATION OF VA REGIONAL OFFICE THAT HAS YOUR CLAIM FILE	

6. BRANCH OF SERVICE *(Check)*	7. SERVICE SERIAL NUMBER(S)	8. METHOD OF SEPARATION FROM SERVICE *(Check)*
☐ ARMY ☐ AIR FORCE ☐ MARINE CORPS ☐ NAVY ☐ COAST GUARD ☐ OTHER _____		☐ DISCHARGED ☐ RETIRED

ACTION	DATE	PLACE
9. ENTERED ACTIVE SERVICE		
10. RELEASED FROM ACTIVE DUTY		
11. APPLIED FOR DISABILITY COMPENSATION		

12. HAVE YOU MADE PREVIOUS APPLICATION FOR SPECIALLY ADAPTED HOUSING?

☐ YES ☐ NO *(If "YES," give date and place)*

13. ARE YOU CONFINED TO A NURSING HOME OR MEDICAL CARE FACILITY? *(If "YES," give name and address of facility)*

☐ YES ☐ NO

14. REMARKS

CERTIFICATION

I am applying for assistance in acquiring specially adapted housing or special home adaptation grant because of the nature of my service-connected disability. I understand that there are medical and economic features yet to be considered before I am eligible for this benefit, and that I will be notified of the action taken on this application soon. I also understand that each is a one time benefit and certify that I have not received either benefit, unless otherwise indicated above.

I understand that this benefit can only be used within the United States, its territories and possessions, including the District of Columbia, the Commonwealth of Puerto Rico, Guam, American Samoa, and the Northern Mariana Islands.

15A. SIGNATURE OF VETERAN *(Sign full name)*	15B. DATE SIGNED

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.