



REQUEST FOR DETERMINATION OF LOAN GUARANTY ELIGIBILITY - UNMARRIED SURVIVING SPOUSES

PRIVACY ACT INFORMATION: No Certificate of Eligibility may be issued unless a completed application form has been received (38 U.S.C. 3702). You are not required to furnish the information, but are urged to do so, since it is vital for proper action by VA in your case. Responses may be disclosed outside VA only 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 15 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, call 1-800-827-1000 for mailing information on where to send your comments.

IMPORTANT: Do not complete this form if you are requesting restoration of previously used entitlement. Instead, complete VA Form 26-1880, Request for a Certificate of Eligibility for VA Home Loan Benefits.

TO Department of Veterans Affairs
Attn: Loan Guaranty Officer

PART I - (To be completed in triplicate by the applicant)

1A. NAME AND ADDRESS OF APPLICANT <i>(Unmarried surviving spouse)</i>		4. FIRST, MIDDLE, LAST NAME OF VETERAN	
1B. APPLICANT'S DAYTIME TELEPHONE NO. <i>(Including Area Code)</i> ()		5. VA FILE NO. XC-	6. LOCATION OF VA CLAIMS FILE <i>(If known)</i>
2. APPLICANT'S BIRTH DATE		7. VETERAN'S SERVICE NO.	8. VETERAN'S BRANCH OF SERVICE
NOTE: If you have had active military duty complete Items 3A, 3B and 3C below.		9. DATE OF VETERAN'S DEATH	
3A. BRANCH OF SERVICE		10. PERIODS OF DECEASED VETERAN'S MILITARY DUTY	
3B. SERVICE NUMBER		A. FROM	B. TO
3C. PERIODS OF SERVICE			
11A. HAVE YOU PREVIOUSLY APPLIED FOR DETERMINATION OF YOUR ELIGIBILITY FOR LOAN GUARANTY BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 11B)</i>		LOCATION OF VA OFFICE	
12A. HAVE YOU PREVIOUSLY RECEIVED A CERTIFICATE OF ELIGIBILITY FOR SUCH BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 12B)</i>		11B.	
13A. HAVE YOU PREVIOUSLY SECURED A VA DIRECT, GUARANTEED OR INSURED LOAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 13B)</i>		12B.	
		13B.	

CERTIFICATION: I CERTIFY THAT the above information is true and accurate to the best of my knowledge and belief.

14. SIGNATURE OF APPLICANT <i>(Unmarried surviving spouse)</i>	15. DATE
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Federal statutes provide severe penalties for fraud, intentional misrepresentation or criminal connivance or conspiracy to influence the issuance of my guaranty or insurance or the granting of any loan by the Department of Veterans Affairs.

PART II - FOR VA USE ONLY

SECTION A

TO <i>(Complete address)</i>	Adjudication Officer Department of Veterans Affairs Regional Office/Center	RETURN TO <i>(After completion of Section B)</i>	Loan Guaranty Officer Department of Veterans Affairs Regional Office/Center
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The foregoing request for determination of eligibility is forwarded to you for appropriate action and completion of Section B.	16. SIGNATURE OF LOAN GUARANTY OFFICER OR DESIGNEE	17. DATE
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SECTION B

18A. CHECK APPROPRIATE BOX(ES) <input type="checkbox"/> 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 <input type="checkbox"/> APPLICANT IS NOT ELIGIBLE <i>(If checked, complete Item 18B)</i>	18B. REASON APPLICANT NOT ELIGIBLE	
19. SIGNATURE	20. TITLE	21. DATE