



**MAIL THIS FORM TO:**  
**Atlanta Regional Loan Center**  
**ATTN: COE (262)**  
**P.O. Box 100034**  
**Decatur, GA 30031**

**REQUEST FOR CERTIFICATE OF VETERAN STATUS**

Privacy Act Notice: 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.

Respondent Burden: This information is needed to help determine your qualifications for the desired benefit. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to obtain information on where to send comments or suggestions about this form.

**INSTRUCTIONS: Read carefully before completing form. Use typewriter or print legibly. Complete all applicable items.**

- A. Mail this completed form, along with proof of service, to the Atlanta Regional Loan Center, ATTN: COE (262) at P.O. Box 100034, Decatur, GA 30031.
- B. Attach to this request all your discharge or separation papers from the periods of active service in the Armed Forces of the U.S. listed in Item 4.
- C. If you lack proper discharge or separation papers, any Veterans Service Representative will assist you in procuring such papers. If you are in doubt regarding the proper documents to be submitted with this request, you should contact the nearest VA Office for that information.

1. NAME ( <i>Last, First, Middle</i> ) OF VETERAN	2. ADDRESS OF VETERAN ( <i>Number, Street, City, State, and ZIP Code</i> )	3. DATE OF BIRTH
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**MILITARY SERVICE DATA**

I request that I be issued a Certificate of Veteran Status which I may furnish to a lender when applying for a HUD-insured loan under section 203(b) (2) or 220(d)(a) of the National Housing Act, as amended. (Begin on line 4A and enter your latest period of service followed by preceding service, if any, on line 4B, continuing on reverse if necessary.)

4. PERIOD OF ACTIVE SERVICE		NAME <i>(Show your name exactly as it appears on your discharge papers for each period of service)</i>	SERVICE NUMBER OR SOCIAL SECURITY NUMBER	BRANCH OF SERVICE
ITEM NO.	DATE			
FROM	TO			
A				
B				

5. VA CLAIM NUMBER C-	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.
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6A. ARE YOU NOW ON ACTIVE MILITARY DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>FOR VA USE ONLY</b>
6B. WERE YOU ON ACTIVE MILITARY DUTY ON THE DAY FOLLOWING THE DATE OF SEPARATION INDICATED IN THE PAPERS SUBMITTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE CERTIFICATE OF VETERANS STATUS ISSUED
	DISCHARGE OR SEPARATION PAPERS RETURNED TO:

I CERTIFY THAT the statements herein are true to the best of my knowledge and belief.

7. SIGNATURE OF VETERAN ( <i>Please sign in ink.</i> )	8. DATE
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**IMPORTANT INSTRUCTIONS:** If the Certificate is to be sent to the veteran, the complete mailing address should be shown in Item 11. If it is desired that the certificate be sent to other than the veteran, the name and address of such person or firm should be shown in Item 11. Items 9 and 10 need be completed only when the certificate is being sent to other than the veteran.

**DO NOT DETACH**

**TRANSMITTAL OF CERTIFICATE OF VETERAN STATUS**

9A. NAME OF VETERAN	10. FILE REFERENCE
9B. SERVICE NUMBER/SOCIAL SECURITY NUMBER OF VETERAN	
The discharge or separation papers returned herewith will not be required again unless requested.	<b>FOR VA USE ONLY</b>
11. RETURN TO:	DATE
	ENCLOSURES
	<input type="checkbox"/> CERTIFICATE OF VETERAN STATUS <input type="checkbox"/> DISCHARGE OR SEPARATION PAPERS <input type="checkbox"/> OTHER ( <i>Specify</i> )