## **Request For Certificate** of Veteran Status

1. NAME (Last, First, Middle) 0F VETERAN

## **U.S. Department of Housing and Urban Development**

Office of Housing - Federal Housing Commissioner

## **Department of Veterans Affairs**

2. ADDRESS OF VETERAN (Number, Street, City, State and

Loan Guaranty Division Privacy Statement: This report is authorized by law (P.L. 479, 48 stat. 1246, 12 U.S.C. 1701 et seq). While you are not required to respond, your cooperation is needed to qualify you for benefits under Section 203 (b)(2) and 220(d)(3)(a) of the National Housing Act. Disclosure of information outside of VA and HUD will only be made as permitted by law. Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN) ) which will be used by HUD to monitor programs. The Housing and Community Development Act of 1987, 42 U.S.C. 3543, authorizes HUD to collect the SSN. This number is used to ensure that a unique identifier is assigned to each participant in the program. HUD uses it to measure the number of participants in the program and the services received. Provision of the SSN is mandatory. Failure to provide the information requested may result in a sanction. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Instructions: Read carefully before completing form. Use typewriter or print legibly. Complete all applicable items. A. This request should be sent to the VA Regional Office or Center serving the area in which the veteran resides.

Mail this form to:

Department of Veterans Affairs

Attn: Loan Guaranty Division

3. DATE OF BIRTH

- 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 Benefits Counselor 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.

Military Service Data							
	of the National Hous	eteran Status which I may furnish t sing Act, as amended. (Begin on I ccessary.)					
PERIOD OF ACTIVE SERVICE		NAME					
DATE FROM	DATE TO	(Show your name exactly as it appagers for each perion			BRANCH OF SERVICE		
4A.							
4B.							
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.					
6A. ARE YOU NOW ON ACTIVE MILITARY DU		FOR VA USE ONLY					
		DATE CERTIFICATE OF		F VETERANS STATUS ISSUED			
6B. WERE YOU ON ACT	IVE MILITARY DUTY	ON THE DAY FOLLOWING THE DATE		7			
			DISCHARGE OR SEPA	DISCHARGE OR SEPARATION PAPERS RETURNED TO:			
I Certify That the sta	atements herein a	re true to the best of my know	edge and belief.				
7. SIGNATURE OF VETE		,		8. DATE			
		e Certificate is to be sent to the ve					

need be completed only when the certificate is being sent to other than the veteran.

DO NOT DETACH					
Transmittal of Certificate of Veteran Status					
9. NAME AND SERVICE NUMBER/SOCIAL SECURITY NUMBER OF VETERAN	10. FILE REFERENCE				
The discharge or separation papers returned herewith will not be required again unless requested.	FOR VA USE ONLY				
11. Return To:	DATE				
	Enclosures  Certificate of Veteran Status  Discharge or Separation Papers  Other (Specify)				