

# Request For Certificate of Veteran Status

**U.S. Department of Housing and Urban Development**  
 Office of Housing - Federal Housing Commissioner  
**Department of Veterans Affairs**  
 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.

Mail this form to:

Department of Veterans Affairs

Attn: Loan Guaranty Division

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 Eligibility Center at P.O. Box 20729, Winston-Salem, NC 27120 (for veterans located in the eastern half of the country) or P.O. Box 240097, Los Angeles, CA 90024 (for veterans located in the western half of the country). Veterans stationed overseas may use either address.

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 (Last, First, Middle) OF VETERAN	2. ADDRESS OF VETERAN (Number, Street, City, State and Zip Code)	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.)

PERIOD OF ACTIVE SERVICE		NAME (Show your name exactly as it appears on your discharge papers for each period of service)	SERVICE NUMBER OR SOCIAL SECURITY NUMBER	BRANCH OF SERVICE
DATE FROM	DATE TO			
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.
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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> DATE CERTIFICATE OF VETERANS STATUS ISSUED  DISCHARGE OR SEPARATION PAPERS RETURNED TO:
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	

I Certify That the statements herein are true to the best of my knowledge and belief.

7. SIGNATURE OF VETERAN	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

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 <input type="checkbox"/> Certificate of Veteran Status <input type="checkbox"/> Discharge or Separation Papers <input type="checkbox"/> Other (Specify)	