



FOR VA USE ONLY

MAIL COMPLETED APPLICATION TO:

COE REF. NO.

Department of Veterans Affairs  
Eligibility Center  
P. O. Box 20729  
Winston-Salem, NC 27120

**REQUEST FOR CERTIFICATE OF ELIGIBILITY**

**NOTE: Please read information on reverse before completing this form. If additional space is required, attach a separate sheet.**

1. NAME OF VETERAN (First, Middle, Last)		2. DATE OF BIRTH	3. SOCIAL SECURITY NUMBER	
4A. DID YOU SERVE UNDER ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Item 4B)		4B. NAME(S) USED DURING MILITARY SERVICE (IF DIFFERENT FROM NAME IN ITEM 1)		
5. DAYTIME TELEPHONE NUMBER		6. E-MAIL ADDRESS (If applicable)		
7A. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)		7B. MAIL CERTIFICATE OF ELIGIBILITY TO: (Complete <u>ONLY</u> if the Certificate is to be mailed to an address different from the one listed in Item 7A)		
8A. WERE YOU DISCHARGED, RETIRED, OR SEPARATED FROM SERVICE BECAUSE OF DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			8B. VA CLAIM NUMBER (If known)	

**MILITARY SERVICE (SEE INSTRUCTIONS FOR PROOF OF SERVICE ON THE NEXT PAGE)**

9A. ARE YOU CURRENTLY ON ACTIVE DUTY? (If you are currently serving on active duty, leave the "Date Separated" field blank)  
 YES  NO

IMPORTANT: Please provide your dates of service. In many cases eligibility can be established based on data in VA systems. However, it is recommended that proof of service be provided, if readily available. Proof of service is required for persons who entered service after September 7, 1980 and were discharged after serving less than 2 years.	BRANCH OF SERVICE	DATE ENTERED	DATE SEPARATED	OFFICER OR ENLISTED	SERVICE NUMBER (If different from Social Security Number)
9B. ACTIVE SERVICE - Do not include any periods of Active Duty for Training or Active Guard Reserve service. Do include any activation for duty under Title 10 U.S.C (e.g. Reserve or Guard unit mobilized)					
9C. RESERVE OR NATIONAL GUARD SERVICE Include any periods of Active Duty for Training (ADT) or Active Guard Reserve service. Do not include any activation for duty under Title 10 U.S.C. (e.g. Reserve or Guard unit mobilized)					

**PREVIOUS VA LOANS (SEE INSTRUCTIONS ON THE NEXT PAGE - Attach a separate sheet if information for all homes will not fit in Item 10)**

10A. DO YOU NOW OWN ANY HOMES(S) PURCHASED OR REFINANCED WITH A VA-GUARANTEED LOAN? <input type="checkbox"/> YES (If "Yes," complete Items 10B thru 10D) <input type="checkbox"/> NO (If No, skip to Item 14) <input type="checkbox"/> NOT APPLICABLE (NA) - I HAVE NEVER OBTAINED A VA-GUARANTEED HOME LOAN (If "NA," skip to Item 14)		10B. DATE OF LOAN (Month and Year)	10C. STREET ADDRESS	10D. CITY AND STATE
11A. ARE YOU APPLYING FOR THE <b>ONE-TIME ONLY RESTORATION</b> OF ENTITLEMENT TO PURCHASE ANOTHER HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 11B thru 11D)		11B. DATE OF LOAN (Month and Year)	11C. STREET ADDRESS	11D. CITY AND STATE
12A. ARE YOU APPLYING FOR A RESTORATION OF ENTITLEMENT TO OBTAIN A <b>REGULAR (CASH-OUT) REFINANCE</b> ON YOUR CURRENT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 12B thru 12D)		12B. DATE OF LOAN (Month and Year)	12C. STREET ADDRESS	12D. CITY AND STATE
13A. ARE YOU REFINANCING AN EXISTING VA LOAN TO OBTAIN A LOWER INTEREST RATE <b>WITHOUT RECEIVING</b> ANY CASH PROCEEDS (IRRRL)? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 13B thru 13D)		13B. DATE OF LOAN (Month and Year)	13C. STREET ADDRESS	13D. CITY AND STATE

I CERTIFY THAT the statements in this document are true and complete to the best of my knowledge.

14A. SIGNATURE OF VETERAN (Do NOT print)	14B. DATE SIGNED
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FEDERAL STATUTES PROVIDE SEVERE PENALTIES FOR FRAUD, INTENTIONAL MISREPRESENTATION, CRIMINAL CONNIVANCE OR CONSPIRACY PURPOSED TO INFLUENCE THE ISSUANCE OF ANY GUARANTY OR INSURANCE BY THE SECRETARY OF VETERANS

**FOR VA USE ONLY (Please do not write below this line)**

DATE RETURNED

REASON(S) FOR RETURN