



REQUEST FOR DETERMINATION OF LOAN GUARANTY ELIGIBILITY - UNMARRIED SURVIVING SPOUSES

PRIVACY ACT INFORMATION: These agencies 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, CFR 1.526 for regular uses (for example: authorized release of information to Congress when requested for statistical purposes) 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. Your obligation to respond is required in order to determine the surviving spouse's qualifications for a loan.

RESPONDENT BURDEN: This information is needed to help determine a surviving spouse's qualifications for a VA guaranteed home loan.. Title 38, USC, section 3702 authorizes collection of this information. We estimate that you will need an average of 15 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.whitehouse.gov/library/omb/OMBINVC.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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 (Unmarried surviving spouse)		4. FIRST, MIDDLE, LAST NAME OF VETERAN	
		5. VA FILE NO. XC-	6. LOCATION OF VA CLAIMS FILE (If known)
1B. APPLICANT'S DAYTIME TELEPHONE NO. (Including Area Code) ()		7. VETERAN'S SERVICE NO.	8. VETERAN'S BRANCH OF SERVICE
2. APPLICANT'S BIRTH DATE		9. DATE OF VETERAN'S DEATH	
NOTE: If you have had active military duty complete Items 3A, 3B and 3C below.		10. PERIODS OF DECEASED VETERAN'S MILITARY DUTY	
3A. BRANCH OF SERVICE	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 (If "Yes," complete Item 11B)		LOCATION OF VA OFFICE	
		11B.	
12A. HAVE YOU PREVIOUSLY RECEIVED A CERTIFICATE OF ELIGIBILITY FOR SUCH BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Item 12B)		12B.	
13A. HAVE YOU PREVIOUSLY SECURED A VA DIRECT, GUARANTEED OR INSURED LOAN? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Item 13B)		13B.	
CERTIFICATION: I CERTIFY THAT the above information is true and accurate to the best of my knowledge and belief.			
14. SIGNATURE OF APPLICANT (Unmarried surviving spouse)			15. DATE

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
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

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 (If checked, complete Item 18B)	18B. REASON APPLICANT NOT ELIGIBLE	
19. SIGNATURE	20. TITLE	21. DATE