



## REQUEST FOR DETERMINATION OF LOAN GUARANTY ELIGIBILITY - UNMARRIED SURVIVING SPOUSES

**IMPORTANT: Please read the Privacy Act and Respondent Burden information on page 2 before completing the form.**

IMPORTANT: Complete this form if applying for home loan benefits as an unmarried surviving spouse of a veteran whose death was service-connected. (Note: In some cases, surviving spouses who remarry on or after age 57 may have eligibility.) DO NOT complete this form if requesting restoration of previously used home loan benefit entitlement. Instead, complete VA Form 26-1880, Request for a Certificate of Eligibility. Please send your completed application to the appropriate address shown on Page 2.

IMPORTANT: If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you become eligible for benefits) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at <http://www.va.gov/opa/marriage/>.

### PART I - (To be completed by the applicant)

1A. NAME AND ADDRESS OF APPLICANT <i>(Unmarried surviving spouse)</i>		3A. FIRST, MIDDLE, LAST NAME OF VETERAN	
		3B. VETERAN'S DATE OF BIRTH	
1B. APPLICANT'S SOCIAL SECURITY NUMBER		3C. VETERAN'S SOCIAL SECURITY NUMBER	
1C. APPLICANT'S DAYTIME TELEPHONE NO. <i>(Including area code)</i>		4. VA FILE NO. <b>XC-</b>	5. LOCATION OF VA CLAIMS FILE <i>(If known)</i>
1D. APPLICANT'S EMAIL ADDRESS <i>(If applicable)</i>		6. VETERAN'S SERVICE NO.	7. VETERAN'S BRANCH OF SERVICE
1E. APPLICANT'S DATE OF BIRTH		8. DATE OF VETERAN'S DEATH	
<b>NOTE: If you are a veteran please complete Items 2A, 2B and 2C.</b>		9. PERIODS OF DECEASED VETERAN'S MILITARY DUTY	
2A. BRANCH OF SERVICE	2B. SERVICE NUMBER	A. FROM	B. TO
2C. PERIODS OF SERVICE			
10A. ARE YOU IN RECEIPT OF VA DEPENDENCY AND INDEMNITY COMPENSATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," complete Item 10B)</i>		10B. VA CLAIM NUMBER	
11. HAVE YOU PREVIOUSLY APPLIED FOR DETERMINATION OF YOUR ELIGIBILITY FOR LOAN GUARANTY BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO		12. HAVE YOU PREVIOUSLY RECEIVED A CERTIFICATE OF ELIGIBILITY FOR SUCH BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
13. HAVE YOU PREVIOUSLY SECURED A VA DIRECT, GUARANTEED OR INSURED LOAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," complete Items 14, 15, and 16)</i>	14. ADDRESS OF PROPERTY		15. VA LOAN NUMBER
16. DATE OF LOAN (Month, Year)			
17. INDICATE WHAT YOU ARE SEEKING A VA-GUARANTEED HOME LOAN FOR <i>(Check appropriate box)</i> : <input type="checkbox"/> PURCHASE LOAN <input type="checkbox"/> CASH OUT REFINANCE LOAN <input type="checkbox"/> INTEREST RATE REDUCTION REFINANCE LOAN			
CERTIFICATION: I CERTIFY THAT the above information is true and accurate to the best of my knowledge and belief.			
18A. SIGNATURE OF APPLICANT <i>(Unmarried surviving spouse)</i>			18B. DATE SIGNED

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

<b>TO</b> <i>(Complete address)</i>	Adjudication Officer Department of Veteran Affairs Regional Office/Center	<b>RETURN TO</b> <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.		19A. SIGNATURE OF LOAN GUARANTY OFFICER OR DESIGNEE	19B. DATE SIGNED

#### SECTION B

20A. CHECK APPROPRIATE BOX <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 MEETS THE DEFINITION OF VETERAN AS SPECIFIED IN TITLE 38 U.S.C. 3701. THE ABOVE NAMED APPLICANT IS RECOGNIZED AS THE UNMARRIED SURVIVING SPOUSE. <input type="checkbox"/> APPLICANT IS NOT ELIGIBLE <i>(If checked, complete Item 20B)</i>	20B. REASON APPLICANT NOT ELIGIBLE	
21. SIGNATURE	22. TITLE	23. DATE

If you live in:	Please send your completed application to:
Georgia, North Carolina, South Carolina, Tennessee	Department of Veterans Affairs Atlanta Regional Loan Center P.O. Box 100023 Decatur, GA 30031-7023
Connecticut, Delaware, Indiana, Maine, Massachusetts, Michigan, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont	Department of Veterans Affairs Cleveland Regional Loan Center 1240 East Ninth Street Cleveland, OH 44199
Alaska, Colorado, Idaho, Montana, Oregon, Utah, Washington, Wyoming	Department of Veterans Affairs Denver Regional Loan Center P.O. Box 25126 Denver, CO 80225
Hawaii, Guam, American Samoa Commonwealth of the Northern Marianas	Department of Veterans Affairs VA Regional Office Loan Guaranty Division (26) 459 Patterson Road Honolulu, HI 96819
Arkansas, Louisiana, Oklahoma, Texas	Department of Veterans Affairs Houston Regional Loan Center 6900 Almeda Road Houston, TX 77030-4200
Arizona, California, New Mexico, Nevada	Department of Veterans Affairs Phoenix Regional Loan Center 3333 N. Central Avenue Phoenix, AZ 85012-2402
District of Columbia, Kentucky, Maryland, Virginia, West Virginia	Department of Veterans Affairs Roanoke Regional Loan Center 210 Franklin Road, S.W. Roanoke, VA 24011
Illinois, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin	Department of Veterans Affairs St. Paul Regional Loan Center 1 Federal Drive, Ft. Snelling St. Paul, MN 55111-4050
Alabama, Florida, Mississippi, Puerto Rico, U.S. Virgin Islands	Department of Veterans Affairs St. Petersburg Regional Loan Center 9500 Bay Pines Boulevard St. Petersburg, FL 33744

PRIVACY ACT INFORMATION: 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 (e.g., to a member of Congress inquiring on behalf of a veteran) 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, published in the Federal Register. Your obligation to respond is required in order to determine the surviving spouse's qualifications for a loan. Giving us your SSN account information is voluntary. VA will not deny an individual benefits for refusing to provide his or her SSN 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: We need this information to determine a surviving spouse's qualifications for a VA-guaranteed home loan. Title 38, U.S. C., 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 no OMB control number is 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 get information on where to send comments or suggestions about this form.