

Veteran's Obligation

I understand that I will be responsible for all costs in excess of the amount allowable under the HISA provisions. The HISA allowable amount will be applied in the aggregate as a lifetime benefit. These amounts are set out in 38 U.S.C. Section 1707. I understand that no work, in relation to this HISA request, is to start until I have received written approval from the Wilmington VAMC Prosthetic Treatment Center, Wilmington, DE. Failure to comply with the provisions set forth in this paragraph will result in the cancellation of any payment under this HISA grant. I further understand that the agreement I make with a contractor/vendor to perform the work and services requested is a private agreement/contract between the contractor/vendor and myself. The agreement therefore does not obligate the Department of Veterans Affairs (VA) in any manner other than that of payment in an approved amount not to exceed the maximum HISA benefit. I understand that I am solely responsible and liable for rendering full payment to the contractor/vendor.

Print your name:

Social Security Number:

Date:

Veteran's signature

Permission of Property Owner

I hereby certify that I own the property in question and understand that the VA assumes no responsibility of any kind for the work, materials, equipment, devices and services received under this HISA benefit (including but not limited to the maintenance, repair, installation, removal and/or replacement of the requested improvement, alteration or equipment). The VA, moreover, assumes no product liability of any kind for, and extends no warranties, expressed or implied, including merchantability, as to any of the products used in connection with this HISA benefit.

Property owner's signature:

Date: