

DEPARTMENT OF VETERANS AFFAIRS

VETERANS APPLICATION FOR ASSISTANCE

In Acquiring Home Improvement and Structural Alterations

INSTRUCTIONS: THIS APPLICATION SHOULD BE SUBMITTED TO THE VA HEALTH CARE FACILITY CLOSEST TO THE VETERANS HOME.

PRIVACY ACT INFORMATION: The information requested on this form is solicited under authority of Title 38, U.S.C., "Veterans' Benefits," and will be used to determine your eligibility for HISA benefits, and identify your medical records. Additional information may be solicited during the course of processing your application. The information you supply also may be disclosed outside the VA as permitted by law or as stated in the "Notices of Systems of VA Records' 24VA136, Patient Medical Records-VA, published in the Federal Register. Disclosure is voluntary, however, failure to furnish the Information will result I our inability to process your request promptly and serve your medical needs. Failure to furnish the Information will have no adverse affect on any other benefits to which you may be entitled.

HAVE YOU MADE PREVIOUS APPLICATION FOR HOME IMPROVEMENT AND STRUCTURAL ALTERATIONS (HISA)?

YES NO (If "Yes" give date and place)

SECTION I - VETERANS APPLICATION (To be completed by Veteran)

1. FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN	2. VETERANS SOCIAL SECURITY NUMBER	3. VA FILE NUMBER
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4. ADDRESS (Number and street or rural route, city or P.O., state and zip code)	5. TELEPHONE NUMBER OF VETERAN (Include area code)
	6. LOCATION OF VETERAN'S ADMINISTRATION REGIONAL OFFICE THAT HAS YOUR CLAIM FILE

7. BRANCH OF SERVICE (Check) <input type="checkbox"/> ARMY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> NAVY <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER (Specify)	8. SERVICE SERIAL NUMBER(S)	9. METHOD OF SEPARATION FROM SERVICE (Check) <input type="checkbox"/> DISCHARGED <input type="checkbox"/> RETIRED
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10. LOCATION OF PROPERTY TO BE ALTERED (Include subdivision or other legal description, street address, city, county, state)	<input type="checkbox"/> HOME IS OWNED BY ME <input type="checkbox"/> HOME IS PROVIDED <input type="checkbox"/> RENTED <input type="checkbox"/> OR LEASED BY OR FOR ME (Attach a statement, signed by the owner, authorizing the work to be done.)
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11. NAME OF PERSON OR FIRM WITH WHOM I HAVE SATISFACTORY BID FOR NECESSARY LABOR AND MATERIALS. (Attach a signed copy of bid and include plans and specifications for work to be done)

CERTIFICATION

I am applying for assistance in acquiring home improvement and structural alterations. I understand that here are medical and economic features yet to be considered before I am eligible for this benefit, and that I will be notified of the action taken on this application soon. I also understand that cost limitations for improvements and structural alterations apply in the aggregate as a one-lifetime benefit. Entitlement to this benefit terminates when the cost limit is reached. Limitations cannot be exceeded either for one project or for any accumulation of projects.

When anticipated total cost of a necessary or appropriate home improvement or structural alteration exceeds the remaining balance of my allowable benefit, I agree to pay the difference or the benefit will not be authorized.

I acknowledge that the VA assumes no responsibility for maintenance, repair or replacement of requested improvement, alteration or installation; assumes nor product liability for, and extends no warranties, expressed or implied, including merchantability, as to equipment or devices installed; and assumes no liability for damage caused by such equipment or devices or for their removal.

I understand that this benefit can only be used within each of the several States, Territories, and Possessions of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.

11. SIGNATURE OF VETERAN (Sign Full Name)	12. DATE SIGNED
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PENALTY - The law provides severe penalties, which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.