# VA Form 26-8937

Request verification of VA benefits using the official VA form.

**BEFORE YOU BEGIN**

- Use the official VA Form 26-8937 that follows. Your loan team should determine when it is needed and complete lender contact and routing information.
- The veteran completes and signs the veteran authorization section as directed. Do not complete the VA response area.
- Enter veteran identifying information accurately and return it using a secure channel. The VA completes the benefits verification response.

## OFFICIAL FORM FOLLOWS

Complete the official form only when requested by your loan team. Use the help and completion instructions printed on the official pages. Leave fields blank when your loan team must provide or verify the answer.

OMB Approved No. 2900-0406
Respondent Burden: 5 Minutes
Expiration Date: 05/31/2028

Department of Veterans Affairs

# VERIFICATION OF VA BENEFITS

**PRIVACY ACT NOTICE**: The 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 5, Code of Federal Regulations 1.576 for routine uses (i.e., information concerning a veteran's indebtedness to the United States by virtue of a person's participation in a benefits program administered by VA may be disclosed to any third party, except consumer reporting agencies) 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, and published in the Federal Register. You are required to respond to obtain or retain benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The 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.

TO: NAME AND ADDRESS OF LENDER *(Complete mailing address including ZIP Code)*

INSTRUCTIONS TO LENDER

The veteran/applicant should complete this form ONLY if he or she:

- is receiving VA disability payments; or
- has received VA disability payments; or
- would receive VA disability payments but for receipt of retired pay; or
- has filed a claim for VA disability benefits prior to discharge from active duty service; or
- is surviving spouse of a veteran and in receipt of DIC payments.

Complete Items 1 through 10. Send the completed form to the appropriate VA Regional Loan Center where it will be processed and returned to the Lender. The completed form must be retained as part of the lender's loan origination package.

1. NAME OF VETERAN *(First, middle, last)*

2. CURRENT ADDRESS OF VETERAN

3. DATE OF BIRTH *(MM/DD/YYYY)*

4. VA CLAIM FOLDER NUMBER *(C-File No., if known)*

5. SOCIAL SECURITY NUMBER *(999-99-9999)*

6. SERVICE NUMBER *(If different from Social Security Number)*

7. I HEREBY CERTIFY THAT I ☐ DO ☐ DO NOT have a VA benefit-related indebtedness to my knowledge. I authorize VA to furnish the information listed below.

8. I HEREBY CERTIFY THAT I ☐ HAVE ☐ HAVE NOT filed a claim for VA disability benefits prior to discharge from active duty service.

9. SIGNATURE OF VETERAN *(Sign in ink)*

10. DATE SIGNED *(MM/DD/YYYY)*

## FOR VA USE ONLY *(Complete in ink)*

☐ The above named veteran does not have a VA benefit-related indebtedness

☐ The veteran has the following VA benefit-related indebtedness

### VA BENEFIT-RELATED INDEBTEDNESS *(If any)*

| TYPE OF DEBT(S) | AMOUNT OF DEBT(S) |
|---|---|
| | |
| | |

TERM OF REPAYMENT PLAN *(If any)*

☐ Veteran **is** exempt from funding fee due to receipt of service-connected disability compensation of $ _____ monthly. *(Unless checked, the funding fee receipt must be remitted to VA with VA Form 26-1820, Report and Certification of Loan Disbursement)*

☐ Veteran **is** exempt from funding fee due to entitlement to VA compensation benefits upon discharge from service

☐ Veteran **is not** exempt from funding fee due to receipt of non service-connected-connected pension of $ _____ monthly. LOAN APPLICATION WILL REQUIRE PRIOR APPROVAL PROCESSING BY VA.

☐ Veteran has been rated incompetent by VA. LOAN APPLICATION WILL REQUIRE PRIOR APPROVAL PROCESSING BY VA.

☐ Insufficient information. VA cannot identify the veteran with the information given. Please furnish more complete information, or a copy of a DD Form 214 or discharge papers. If on active duty, furnish a statement of service written on official government letterhead, signed by the adjutant, personnel officer, or commanding officer. The statement should include name, birth date, service number, entry date and time lost.

SIGNATURE OF AUTHORIZED AGENT *(Sign in ink)*

DATE SIGNED *(MM/DD/YYYY)*

**RESPONDENT BURDEN:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0406, and it expires 05/31/2028. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at vapra@va.gov. Please refer to OMB Control No. 2900-0406 in any correspondence. Do not send your completed VA Form 26-8937 to this email address.