

VA Questionnaire

Veterans Nearest Living Relative

Name	Phone
Address (including City, State and ZIP)	

Complete Section A and B. Section A determines if the VA Form 26-8937 is required. Section B indicates if the Veteran is a member of the Reserves or National Guard Unit and veteran's income is subject to change due to Activation.

- | Section A | NO | YES |
|---|--------------------------|--------------------------|
| 1. Is the veteran receiving VA disability benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did the veteran indicate he/she would be entitled to receive VA disability benefits but for the receipt of retired pay? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the veteran indicated that he/she has received VA disability benefits in the past? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the applicant a surviving spouse of a veteran who died on active duty or as a result of a service-connected disability? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the veteran eligible to receive disability compensation as a result of a pre-discharge disability examination and rating? | <input type="checkbox"/> | <input type="checkbox"/> |

Section B

- | | | |
|---|--------------------------|--------------------------|
| 1. Is the veteran a member of the Reserves or National Guard Unit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If yes, is the veteran's income subject to change due to activation?
(If yes, lenders must determine what the applicant's income may be if activated. carefully evaluate the impact the reduction or increase may have on the borrowers ability to repay the loan.) | <input type="checkbox"/> | <input type="checkbox"/> |

