

Only	Application Number
Use	Application Date
Office	County/Tribe

APPLICANT INFORMATION	ON		ğ				
Name Date of Birth Social Security Number							
Telephone Number	Email Address						
Address		City			State	ZIP C	Code
Marital Status Single Married	Divorced Widowed	Number of Dependents	Age(s) of Dep	endents	Residence Own	Rent	How Long
Resident of North Dakota H	ow Long (ND Resident)	Name of Nearest Relativ	e Not Living V	Vith You			
Relative's Address		City			State	ZIP C	Code
VETERAN INFORMATION	l						
Date Enlisted	Place Enlisted	Veteran's Social Securit	y Number, if no	ot provided	as Applicant		
Date Discharged Place Discharged					Type of Dis	charge	Э
APPLICANT EMPLOYMEN	NT/INCOME INFORMAT	ION					
Present Employer		Name of Supervisor			Telephone	Numb	er
Position Held	Length of Time in Position Monthly Salary						
Employer Address		City			State	ZIP C	Code
SPOUSE EMPLOYMENT/I	NCOME INFORMATION						
Name of Spouse							
Present Employer		Name of Supervisor			Telephone	Numb	er
Position Held		Length of Time in Position	on	Monthly Salary			
Employer Address		City			State	ZIP C	Code

OTHER INCOME

OTTIER INCOME							
Benefit	Veteran	Spouse	Total	Benefit	Veteran	Spouse	Total
VA Compensation				Workers Compensation			
VA Pension				Unemployment Compensation			
VA Education				Retirement			
Social Security				Pension			
SSI / SSDI				Other (rental, alimony, etc.)			

Your social security number is requested to enable the ND Department of Veterans Affairs to conduct credit checks and verify military service pursuant to N.D.C.C. sections 37-14-01.1 and 37-14-10 to determine eligibility for a Veterans Aid Loan. Disclosure of your social security number is mandatory. If you do not provide your social security number, the ND Department of Veterans Affairs will be unable to conduct a credit check and will decline to process your application.

SFN 54411 (07-2024) Page 2 of 6 ASSETS					
	Vehicle Make	Vehicle Make/Model/Year			
Property Owned		Address		Value	
Property Owned		Address		value	
LIABILITIES/OBLIGATIONS			I		
Liability Type		Creditor (payment to)	Monthly Payment	Balance	
Rent/Mortgage					
Car Payment					
Car Insurance					
Health Insurance					
Utilities					
Telephone					
Personal Loan					
Alimony/Child Support					
Delinquent Taxes Yes No					
Charge Accounts/Credit Cards (If needed, attach a separate list)					
Ever Filed Bankruptcy Yes No	When	Total Monthly Expenses			
Туре	Date Discharged		Monthly Income		
			Less Expenses		
I affirm that I am not required	to file taxes.	Un-Obligated Amount			
Applicant Initials			5 J		
PURPOSE FOR THE LOAN	_				
Explain (NOT TO BE USED FO	R DEBT CONSOLIDAT	ION NOR OUT-OF-STATE MOVE	S)		

APPLICANT ACKNOWLEDGMENT OF LOAN REPAYMENT

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INSTRUCTIONS: Initial before every statement. Full signature and date are required where designated.							
1. I understand all statements made on the application must be true and correct. I underst will be considered fraudulent and subject to prosecution.	and false statements						
2. I understand repayment of the loan must be made each month and that payments may be made in advance of time agreed to on the signed note.							
3. I understand the importance of timely repayment in order that some other worthy application from this revolving fund and in the event of default, legal action shall be taken when pay delinquent as determined by the Loan Officer.							
4. I understand in order to receive one-half the interest refund that the loan and fees must	be paid by final due date.						
5. I understand the North Dakota Department of Veterans Affairs must be notified of any classical and employment immediately.	nange of address						
6. I understand the department may assess and collect any late payments penalties of up late payment as well as a fee for any NSF item received by North Dakota Department of							
I hereby attest that to the best of my knowledge the answers to the above questions are true and co additional financial assistance at this time and application is made to the Department of Veterans Af amount specified below: Loan Amount I UNDERSTAND THE LOAN IS TO BE USED FOR THE PURPOSE STATED AND SHALL BE REDEPARTMENT OF VETERANS AFFAIRS AT FARGO, NORTH DAKOTA WITHIN A SPECIFIED FEXCEED FOUR YEARS FROM THE DATE THE LOAN IS GRANTED, using the following percental Interest Rate One-half of the interest shall be waived if the loan and fees are paid by the final due date. Interest wof the loan period.	PAID TO THE PERIOD NOT TO ge of interest:						
I hereby authorize the United States Veterans Administration, Job Service of North Dakota, North Dapartment, North Dakota Workforce Safety and Insurance, financial institutions and any other cred the Veteran Service Officer assisting in the preparing of this application and the North Dakota Department information contained in their files and records concerning myself upon request. I further agree North Dakota Department of Veterans Affairs of any change of address and/or employment.	it sources to disclose to tment of Veterans Affairs						
Applicant Name							
Applicant Signature							
	Date						
Spouse Name (if applicable)	Date						

PROMISSORY NOTE

Name of Veteran		Application Number Date			
Address		City	State	ZIP Code	
Do you wish to receive a monthly ☐ Yes ☐ No Paper o	loan statement? or email?	Email Address			
FOR THE VALUE RECEIVED Department of Veterans Affairs		North Dakota for the use of the Vete	rans' Aic	f Fund, at the	
Total Loan Amount	Monthly Payment	Number of Installments	Interest F	Rate	
Payable to:					
Department of Veterans Affai LOAN DIVISION 4201 38th St S, Suite 104 Fargo, North Dakota 58104-7					
loan. One-half of the interes		annum, calculated on a daily basis baived at the termination of the loan final due date.			
	and collect any late payment pen e North Dakota Department of V	nalties of up to \$15.00 for each late pa eterans Affairs.	ayment a	as well as a fee for	
principal sum remaining unpa		l or interest, or any part of either, the ereon shall, at the option of the Com ther notice.			
The several makers, signers, guarantors and endorsers hereof waive presentment, demand, notice of dishonor and protest and consent that the time of payment may be extended or this note renewed without affecting their liability hereon.					
Signature of Applicant			Date		
Commissioner of Veterans Affairs	or Authorized Representative		Date		

O Recommendation APPROVAL	DISAPPROVAL	
planation		
planation		
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ereby attest that the inf	ormation contained in this application is true and corre	ect to the best of my knowledge.

Veterans Aid Loan

Required documentation to be obtained by the VSO and submitted with completed application.

DOCUMENTATION CHECKLIST			
Income - Will be determined based on most recent 12 month period.			
Cash Asset Verification Form OR three months of most recent bank statements			
AND			
Copy of the last 60 days of payroll checks or stubs or copy of payroll statement			
AND/OR			
Copy of award letters, i.e. VA Benefits, Social Security			
AND			
Copy of front page of applicant's 1040 tax form or statement on application signed by the applicant stating he/she did not file taxes.			
Residency			
Copy of ND Drivers License or ID Card showing address			
AND			
Copy of monthly expense bill or bank statement 1 year or older verifying address, i.e. utility, phone, or cable bill			
Veteran Status			
Copy of DD214 showing character of Service			
OR			
Copy of military orders showing active duty requirements have been met			
Unmarried Widow			
Copy of marriage certificate			
AND			
Capy of death cartificate			
Copy of death certificate			
AND			
Copy of Veteran's military discharge showing character of Service			
Additional Loan Documents			
☐ Promissory Note (Page 4)			
AND			
Authorization Agreements for Direct Deposit (ACH Debits), SFN 58957			
☐ Voided check, if possible			
I have obtained and reviewed the required documentation as listed above.			
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VSO Signature Date			