



VETERANS AID LOAN APPLICATION
NORTH DAKOTA DEPARTMENT OF VETERANS AFFAIRS
SFN 54411 (09-2022)

| |
|--------------------|
| Application Number |
| Application Date |
| County/Tribe |

APPLICANT INFORMATION

| | | | |
|---|------------------------|--|---|
| Name | Date of Birth | Social Security Number | |
| Telephone Number | Email Address | | |
| Address | City | State | ZIP Code |
| Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | Number of Dependents | Age(s) of Dependents | Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent |
| Resident of North Dakota <input type="checkbox"/> Yes <input type="checkbox"/> No | How Long (ND Resident) | Name of Nearest Relative Not Living With You | |
| Relative's Address | City | State | ZIP Code |

VETERAN INFORMATION

| | | |
|-----------------|------------------|--|
| Date Enlisted | Place Enlisted | Veteran's Social Security Number, if not provided as Applicant |
| Date Discharged | Place Discharged | Type of Discharge |

APPLICANT EMPLOYMENT/INCOME INFORMATION

| | | |
|------------------|----------------------------|------------------|
| Present Employer | Name of Supervisor | Telephone Number |
| Position Held | Length of Time in Position | Monthly Salary |
| Employer Address | City | State |
| | | ZIP Code |

SPOUSE EMPLOYMENT/INCOME INFORMATION

| | | | |
|------------------|----------------------------|------------------|----------|
| Name of Spouse | | | |
| Present Employer | Name of Supervisor | Telephone Number | |
| Position Held | Length of Time in Position | Monthly Salary | |
| Employer Address | City | State | ZIP Code |

OTHER 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.

ASSETS

| Vehicle Make/Model/Year | Value |
|-------------------------|-------|
| | |
| | |
| | |
| | |

| Property Owned | Address | Value |
|----------------|---------|-------|
| | | |
| | | |
| | | |

LIABILITIES/OBLIGATIONS

| Liability Type | Name of Creditor (payment to) | Monthly Payment | Balance |
|--|-------------------------------|-----------------|---------|
| Rent/Mortgage | | | |
| Car Payment | | | |
| Car Insurance | | | |
| Health Insurance | | | |
| Utilities | | | |
| Telephone | | | |
| Personal Loan | | | |
| Alimony/Child Support | | | |
| Delinquent Taxes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Charge Accounts/Credit Cards <i>(If needed, attach a separate list)</i> | | | |
| | | | |

| | |
|---|-----------------|
| Ever Filed Bankruptcy <input type="checkbox"/> Yes <input type="checkbox"/> No | When |
| Type | Date Discharged |

Total Monthly Expenses

| | |
|--|--|
| | |
|--|--|

Monthly Income

| |
|--|
| |
|--|

Less Expenses

| |
|--|
| |
|--|

Un-Obligated Amount

| |
|--|
| |
|--|

PURPOSE FOR THE LOAN

Explain

APPLICANT ACKNOWLEDGMENT OF LOAN REPAYMENT

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 understand false statements will be considered fraudulent and subject to prosecution.
- _____ 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 applicant could be assisted from this revolving fund and in the event of default, *legal action shall be taken when payments become 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 change of address and employment immediately.
- _____ 6. I understand the department may assess and collect any late payments penalties of up to \$15.00 for each late payment as well as a fee for any NSF item received by North Dakota Department of Veterans Affairs.

I hereby attest that to the best of my knowledge the answers to the above questions are true and correct. I state that I need additional financial assistance at this time and application is made to the Department of Veterans Affairs for a loan in the amount specified below:

| |
|-------------|
| Loan Amount |
|-------------|

I UNDERSTAND THE LOAN IS TO BE USED FOR THE PURPOSE STATED AND SHALL BE REPAID TO THE DEPARTMENT OF VETERANS AFFAIRS AT FARGO, NORTH DAKOTA WITHIN A SPECIFIED PERIOD NOT TO EXCEED FOUR YEARS FROM THE DATE THE LOAN IS GRANTED, using the following percentage of interest:

| |
|---------------|
| Interest Rate |
|---------------|

One-half of the interest shall be waived if the loan and fees are paid by the final due date. Interest will be adjusted at the end of the loan period.

I hereby authorize the United States Veterans Administration, Job Service of North Dakota, North Dakota State Tax Department, North Dakota Workforce Safety and Insurance, financial institutions and any other credit sources to disclose to the Veteran Service Officer assisting in the preparing of this application and the North Dakota Department of Veterans Affairs any information contained in their files and records concerning myself upon request. I further agree to promptly notify the North Dakota Department of Veterans Affairs of any change of address and/or employment.

| | |
|---------------------|------|
| Applicant Name | |
| Applicant Signature | Date |

PROMISSORY NOTE

| | | | |
|---|--------------------|-------|----------|
| Name of Veteran | Application Number | Date | |
| Address | City | State | ZIP Code |
| Do you wish to receive a monthly loan statement? <input type="checkbox"/> Yes <input type="checkbox"/> No Paper or email? <input type="checkbox"/> Paper <input type="checkbox"/> Email | Email Address | | |

FOR THE VALUE RECEIVED, I promise to pay to the State of North Dakota for the use of the Veterans' Aid Fund, at the Department of Veterans Affairs, as specified below:

| | | | |
|-------------------|-----------------|------------------------|---------------|
| Total Loan Amount | Monthly Payment | Number of Installments | Interest Rate |
|-------------------|-----------------|------------------------|---------------|

Payable to:

Department of Veterans Affairs
LOAN DIVISION
4201 38th St S, Suite 104
Fargo, North Dakota 58104-7535

Interest will be at the percentage rate, specified above, per annum, calculated on a daily basis beginning from the date of loan. One-half of the interest on each payment shall be waived at the termination of the loan if the borrower has made all prior payments of principal, interest and all fees are paid by final due date.

The department may assess and collect any late payment penalties of up to \$15.00 for each late payment as well as a fee for any NSF items received by the North Dakota Department of Veterans Affairs.

If default is made in the payment of any installment of principal or interest, or any part of either, then and thereupon the entire principal sum remaining unpaid, with the interest accrued thereon shall, at the option of the Commissioner, Department of Veterans Affairs, become at once due and payable without further 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 |
|---|------|

VETERAN SERVICE OFFICERS (VSO) USE ONLY

| |
|--|
| VSO Recommendation <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL |
|--|

| |
|-------------|
| Explanation |
|-------------|

I hereby attest that the information contained in this application is true and correct to the best of my knowledge.

| | |
|---------------|------|
| VSO Signature | Date |
|---------------|------|

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
- ☐ 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.

VSO Signature

Date