



VETERANS AID LOAN APPLICATION
 NORTH DAKOTA DEPARTMENT OF VETERAN'S AFFAIRS
 SFN 54411 (3-2007)

Application Number LEAVE BLANK
Application Date
County REQUIRED

APPLICANT INFORMATION

Name JON DOE - IF SPOUSE IS APPLYING, INSERT THEIR NAME		Social Security Number 999-99-9999	
Address SOMEWHERE (INSERT COMPLETE STREET ADDRESS)		Date of Birth 9/9/1999	
City COMPLETE, CITY, ST & ZIP	State	Zip Code	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Telephone Number (704) 999-9999		Number of Dependents REQUIRED	
<input type="checkbox"/> Own <input type="checkbox"/> Rent	How Long # YEARS OR MONTHS		Age of Dependents ALL DEPENDENTS
Resident of North Dakota <input type="checkbox"/> Yes <input type="checkbox"/> No		How long have you been a North Dakota resident? # YEARS OF MONTHS	
Have you previously applied? <input type="checkbox"/> Yes <input type="checkbox"/> No		When did you apply?/What Program(s) YEAR(S) AND NAME OF PROGRAM(S)	
Name of Nearest Relative Not Living With You COMPLETE FULLY ALL SECTIONS		Telephone Number (701) 999-9999	
Address INSERT COMPLETE STREE ADDRESS		City COMPLETE CITY, ST & ZIP	State Zip Code

VETERAN INFORMATION

Date Enlisted	Place Enlisted COMPLETE VETERAN INFORMATION FULLY
Date Discharged	Place Discharged REQUIRED Type of Discharge REQUIRED

INCOME INFORMATION

Present Employer		Position Held	
Name of Supervisor COMPLETE FULLY FOR PRESENT		How Long at This Position? IF UNEMP. WHEN WAS LAST DATE OF WORK	
Address CONTINUE TO COMPLETE ALL INFORMATION		Salary/Month \$0.00	
City	State	Zip Code	Telephone Number (701) 999-9999

SPOUSE INFORMATION

Name of Spouse IF APPLICABLE		Spouse Social Security Number	
Present Employer		Position Held	
Name of Supervisor COMPLETE FULLY FOR PRESENT		How Long at This Position? IF UNEMP. WHEN WAS LAST DATE OF WORK	
Address CONTINUE TO COMPLETE ALL INFORMATION		Salary/Month \$0.00	
City	State	Zip Code	Telephone Number

BENEFITS

Veteran Benefit (ex. SSI, Pension, Retirement, etc)	Start Date	Monthly Amount	Spouse Benefit (ex. SSI, Pension, Retirement, etc)	Start Date	Monthly Amount
LIST ALL BENEFITS OF					
HOUSEHOLD MEMBERS					
COMPLETE ALL INFORMATION					
FULLY					

ACCOUNTS

Type of Account (Checking, Savings, CD, Money Market)	Name of Institution	Account Number	Balance
ALL ACCOUNTS	COMPLETE FOR EACH ACCOUNT		

ASSETS

Vehicle Make/Model/Year		Value
ALL VEHICLES		
Property Owned	Address	Value
HOUSE, RENTAL PROP.,		
LAND, ETC.		
IF APPLICABLE		

LIABILITIES/OBLIGATIONS

	Creditors Name	Monthly Payment	Balance
Rent/Mortgage	COMPLETE FULLY FOR ALL HOUSEHOLD MEMBERS		
Car Payment			
Car Insurance			
Health Insurance			
Utilities (electric, water....)			
Telephone			
Personal Loan			
Alimony/Child Support			
Delinquent Taxes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Charge Accounts/Credit Cards	USE ADDITIONAL SHEET IF NECESSARY		
(if needed please attach list)			

Monthly Income	
Less Expenses	
Un-obligated Amount	
Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	When did you file bankruptcy? IF APPLICABLE
Type of bankruptcy	Date(s) Discharged

Reason for loan
INSERT THE REASON VETERAN OR SPOUSE ARE REQUESTING THE LOAN.

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 of \$ 5,000.00 . **I UNDERSTAND THE LOAN IS TO BE USED FOR THE PURPOSE STATED AND SHALL BE REPAYED 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**, with 8 % interest. 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 county 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 (Please Print) JON DOE	
Applicant Signature	Date



Department of Veterans Affairs
Loan Division

PROMISSORY NOTE

Name of Veteran CHECK CORRECT SPELLING OF NAME	Application Number LEAVE BLANK	Date 9/9/1999	
Address INSERT COMPLETE ADDRESS	City	State	Zip Code

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, PO Box 9003, Fargo, North Dakota 58106-9003, the sum of 5,000.00 Dollars, payable in the amount of \$122.06 in 48 installments, to: (Monthly payment) (Length of loan)

North Dakota Department of Veterans Affairs
LOAN DIVISION
P.O. Box 9003
Fargo, ND 58106-9003

Interest will be at the rate of 8 percent 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
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Commissioner of Veterans Affairs or Authorized Representative	Date
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SERVICE OFFICERS USE ONLY

CVSO Recommendation

APPROVAL

DISAPPROVAL

Explanation

THE VETERAN DOES NOT HAVE TO SEE THE REMARKS YOU INSERT IN THIS SECTION.

YOU CAN INSERT A STATEMENT THE VETERAN DOES NOT FILE TAXES (IF APPLICABLE) AND HAVE THE VETERAN SIGN THIS STATEMENT BEFORE YOU COMPLETE ANY OTHER INFORMATION THAT WOULD BE HELPFUL TO US IN MAKING A DECISION. .

OUR LOANS ARE BASED ON A CREDIT REPORT, VERIFICATION OF INCOME AND REPAYMENT ABILITY. UNLIKE THE GRANT PROGRAM WHICH IS BASED SOLELY ON THE PAST 12 MONTH PERIOD, WE LOOK FOR THE STABILITY OF INCOME FROM THE PAST AND INTO THE FUTURE. . LIST ANYTHING THAT WOULD ASSIST IN MAKING A FAIR DETERMINATION. IN APPROVING OR DISAPPROVING THIS LOAN REQUEST.

INSERT ANY EXPLANATION TO CLARIFY ANY UNUSUAL INFORMATION, I.E.VETERAN WAS WORKING BUT IS NOT NOW DUE TO.....; HAS NUMEROUS MEDICAL BILLS DUE TO A PROLONGED ILLNESS; HAD TO FILE BANKRUPTCY DUE TO; NUMBER OF HOUSEHOLD MEMBERS, ETC. OR ANY OTHER STATEMENT YOU BELIEVE WOULD BE IMPORTANT TO KNOW.

INSERT YOUR RECOMMENDATION REGARDING THE LOAN IN THE BOX IMMEDIATELY ABOVE THIS EXPLANATION SECTION.

YOU ARE MEETING WITH THE VETERAN AND ARE THE EYES AND EARS OF THIS LOAN PROGRAM. THIS LOAN PROGRAM IS AN UNSECURED DEBT AND WE ARE THE TRUSTEES OF THESE FUNDS.

YOU MAY ALSO ENCLOSE A COMPLETED FORM " AUTHORIZED AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS) " WITH A VOIDED PERSONAL CHECK. THIS WILL SPEED UP THE LENGTH OF TIME FROM APPROVAL TO RECEIVING THE LOAN AMOUNT. (THIS FORM IS ALSO FOUND ON THE WEBSITE UNDER VSO TOOLS (FORMS).

THIS FORM NEEDS TO BE SIGNED BY THE CVSO AND SUBMITTED WITH THE APPLICATION.

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

CVSO Signature

Date

ALSO Print if signature is not legible

Veterans Aid Loan

Same as Grant page numbered 6066 instead of 4064

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

DOCUMENTATION CHECKLIST

Income

Income will be determined based on the most recent 12 month period

- Cash Asset Verification Form
AND
- Copy of the two most recent 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 initialed by the applicant stating that he/she did not file taxes

Residency

- Copy of ND Drivers License or ID Card showing address or CVSO verification as stated on application
AND
- Copy of monthly expense bill or bank statement 1 year or older verifying address, i.e. utility bill, phone bill or cable bill

Veteran Status

- Copy of DD214
OR
- Copy of military orders showing active duty requirements has been met

Unmarried Widow

- Copy of marriage certificate
AND
- Copy of death certificate
AND
- Copy of Veteran's military discharge

I have obtained and reviewed the required documentation as listed above.

CVSO Signature	Date
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