

Application Number
Application Date
County/Tribe

APPLICANT INFORMAT	ION						
Name		Date of Birth Social Se		cial Security Number			
Telephone Number		Email Address					
Marital Status Single Married Divorced Widowed		Number of Dependents	Age(s) of Dep	pendents	Residence	Rent	How Long
Resident of North Dakota Yes No	How Long (ND Resident)	Name of Nearest Relative Not Living With You					
Address		City			State	ZIP (Code
Previously Applied Yes No	If Yes, When	What Program(s)					
VETERAN INFORMATIO	N						
Date Enlisted	Place Enlisted	Veteran's Social Securit	y Number, if n	ot provided	as Applican	t	
Date Discharged	Place Discharged			Type of Discharge			
APPLICANT EMPLOYM	ENT/INCOME INFORMAT	rion -					
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 INFORMATIO	N				1	
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

BENEFITS

Veteran Benefit (i.e. SSI, Pension, Retirement, etc.)	Start Date	Monthly Amount	Spouse Benefit (i.e. SSI, Pension, Retirement, etc.)	Start Date	Monthly Amount

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.

ACCOUNTS

Type of Account (checking, savings, burial CD's, etc.)	Name of Institution	Account Number		Balance	
ASSETS					
	Vehicle Make/Model/Year			Value	
Property Owned	Ac	ldress		Value	
LIABILITIES/OBLIGATIONS					
Liability Type	Name of Creditor (payme	ent to)	Monthly Payment	Balance	
Rent/Mortgage					
Car Payment					
Car Insurance					
Health Insurance					
Utilities					
Telephone					
Personal Loan					
Alimony/Child Support					
Delinquent Taxes					
Charge Accounts/Credit Cards (If needed, attach a separate list)					
Ever Filed Bankruptcy Yes No	When Total N	Monthly Expenses			
Туре	Date Discharged		Monthly Income		
			Less Expenses		
		ι	Jn-Obligated Amount		

PURPOSE FOR THE LOA	.N	
Explain		
APPLICANT ACKNOWLE	DGMENT OF LOAN REPAY	YMENT
INSTRUCTIONS: Initial befo	re every statement. Full signatu	ure and date are required where designated.
	ll statements made on the ap red fraudulent and subject to	opplication must be true and correct. I understand false statements opposecution.
	epayment of the loan must be to on the signed note.	e made each month and that payments may be made in advance
from this revol		yment in order that some other worthy applicant could be assisted default, legal action shall be taken when payments become cer.
4. I understand ir	order to receive one-half the	e interest refund that the loan and fees must be paid by final due date
	ne North Dakota Department ent immediately.	of Veterans Affairs must be notified of any change of address
		and collect any late payments penalties of up to \$15.00 for each item received by North Dakota Department of Veterans Affairs.
•	•	swers to the above questions are true and correct. I state that I need on is made to the Department of Veterans Affairs for a loan in the
Loan Amount		
DEPARTMENT OF VETER	RANS AFFAIRS AT FARGO	HE PURPOSE STATED AND SHALL BE REPAID TO THE D, NORTH DAKOTA WITHIN A SPECIFIED PERIOD NOT TO N IS GRANTED, using the following percentage of interest:
morocritato		
One-half of the interest sha of the loan period.	all be waived if the loan and f	fees are paid by the final due date. Interest will be adjusted at the end
Department, North Dakota the Veteran Service Office any information contained	Workforce Safety and Insurar assisting in the preparing of in their files and records cond	tration, Job Service of North Dakota, North Dakota State Tax ance, financial institutions and any other credit sources to disclose to f this application and the North Dakota Department of Veterans Affairs cerning myself upon request. I further agree to promptly notify the ange of address and/or employment.
Applicant Name		
Applicant Signature		Date

Commissioner of Veterans Affairs or Authorized Representative

PROMISSORY NOTE

Name of Veteran		Application Number	Date	Date		
Address		City	State	ZIP Code		
	VED, I promise to pay to the St Affairs, as specified below:	ate of North Dakota for the use of	the Veterans' A	id Fund, at the		
Total Loan Amount	Monthly Payment	Number of Installments	Number of Installments Interest Rate			
loan. One-half of the infall prior payments of prince The department may asseany NSF items received by If default is made in the perincipal sum remaining Veterans Affairs, become The several makers, signand consent that the time	od 104-7535 recentage rate, specified above terest on each payment shall sipal, interest and all fees are pa ess and collect any late payment by the North Dakota Department ayment of any installment of propertical payments according to the contract of th	nt penalties of up to \$15.00 for each nt of Veterans Affairs. incipal or interest, or any part of ei ed thereon shall, at the option of	the loan if the both late payment ther, then and the the Commission and, notice of di	as well as a fee for hereupon the entire ner, Department of shoot and protest		
Signature of Applicant			Date			

Date

O Recommendation	□ DICA DDDOVAL	
APPROVAL	DISAPPROVAL	
olanation		
ereby attest that the i	nformation contained in this application is true and c	orrect to the best of my knowledge.
) Signature	and approach to a do and o	Date
		I Data

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 appl did not file taxes.	icant stating he/she
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, pl	hone, 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