



# VETERANS HOME LOAN ELIGIBILITY

**RETURN TO:**  
 LOAN ELIGIBILITY  
 OREGON DEPARTMENT OF  
 VETERANS' AFFAIRS  
 700 SUMMER ST NE  
 SALEM OR 97301-1285  
 FAX: 503-373-2393

**Email:** orvetshomeloans@odva.state.or.us

## INSTRUCTIONS:

Complete and return this form with a copy of your military separation document for periods of active duty showing honorable discharge and dates of service as follows:

- Discharge on or before December 31, 1976, provide your military separation/discharge document.
- Discharge after December 31, 1976, send copy 2, 4, or 6, of your DD214.
- If your name has changed since your military service, you must submit substantiating evidence of such change. *(Copies of marriage certificate, court order, etc.)*

1. PRESENT NAME, ADDRESS, AND SOCIAL SECURITY NUMBER							
Last Name		First Name		MI	Social Security Number		
Present Street Address				City		State	Zip Code
Mailing Address <i>(if different)</i>				City		State	Zip Code
2. ACTIVE SERVICE IN U.S. ARMED FORCES							
A) Date of Entry on Active Duty	Month	Day	Year	B) Date of Separation From Active Duty	Month	Day	Year
C) Date of Birth	Month	Day	Year	D) Service Serial Number <i>(applicable if you entered the military prior to 1971)</i>			
3. ACCOUNT NUMBER(S) OF PRIOR LOAN(S) OBTAINED FROM ODVA <i>(if applicable)</i>							
Explanatory Remarks:							
4. SIGNATURE AND AUTHORIZATION FOR RELEASE OF RECORDS							
I, hereby, certify that I will be a bonafide resident of Oregon at the time I submit my application for a loan from the Oregon Department of Veterans' Affairs; and that answers to all questions and statements made are true and correct. I, the undersigned, authorize the U.S. National Archives and Records Administration, or any other Governmental Agency having records of my military service, to release to the Oregon Department of Veterans' Affairs all information it may deem relevant and necessary to verify the accuracy of the statements made herein and data appearing on all military documents submitted herewith. I realize that this release authorization remains valid for 12 months from the date signed below, unless revoked sooner.							
Signature of Applicant <i>(Please Sign in Black Ink)</i>				Telephone Number <i>(daytime)</i>		Date Signed	
X							
OREGON DEPARTMENT OF VETERANS' AFFAIRS USE ONLY							
Separation Evidence		Active Service <i>(for loan purposes)</i>		Years	Months	Days	
<input type="checkbox"/> Honorable							
Now an Oregon Resident		<b>ELIGIBILITY</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for Loan	Checked By			Date Checked	
		<input type="checkbox"/> Yes <input type="checkbox"/> No					

**This information is also available in alternate formats, upon request.**