



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

Application Number
Application Date
County

**APPLICANT INFORMATION**

Name			Social Security Number		
Address			Date of Birth		
City	State	Zip Code	Marital Status		
Telephone Number			Number of Dependents		
	How Long	Age of Dependents			
Resident of North Dakota			How long have you been a North Dakota resident?		
Have you previously applied?			When did you apply?/What Program(s)		
Name of Nearest Relative Not Living With You			Telephone Number		
Address			City	State	Zip Code

**VETERAN INFORMATION**

Date Enlisted	Place Enlisted				
Date Discharged	Place Discharged			Type of Discharge	

**INCOME INFORMATION**

Present Employer			Position Held		
Name of Supervisor			How Long at This Position?		
Address			Salary/Month		
City	State	Zip Code	Telephone Number		

**SPOUSE INFORMATION**

Name of Spouse			Spouse Social Security Number		
Present Employer			Position Held		
Name of Supervisor			How Long at This Position?		
Address			Salary/Month		
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

**ACCOUNTS**

Type of Account (Checking, Savings, CD, Money Market)	Name of Institution	Account Number	Balance

**ASSETS**

Vehicle Make/Model/Year		Value
Property Owned	Address	Value

**LIABILITIES/OBLIGATIONS**

	Creditors Name	Monthly Payment	Balance
Rent/Mortgage			
Car Payment			
Car Insurance			
Health Insurance			
Utilities (electric, water....)			
Telephone			
Personal Loan			
Alimony/Child Support			
Delinquent Taxes			
Charge Accounts/Credit Cards			
(if needed please attach list)			

Monthly Income	
Less Expenses	
Un-obligated Amount	

Have you ever filed bankruptcy?	When did you file bankruptcy?
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Type of bankruptcy	Date(s) Discharged
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Reason for 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 \$ \_\_\_\_\_. **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,** with \_\_\_\_\_ % 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)	
Applicant Signature	Date



**Department of Veterans Affairs  
Loan Division**

**PROMISSORY NOTE**

Name of Veteran	Application Number	Date	
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 \_\_\_\_\_ Dollars, payable in the amount of \_\_\_\_\_ in \_\_\_\_\_ 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 \_\_\_\_\_ 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

Explanation

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

CVSO Signature

Date

## Veterans Aid Loan

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