

The Veterans Administration (VA) requires that we obtain from you the name, address and phone number of your nearest living relative. Please complete the form below:

|                          |  |
|--------------------------|--|
| Relative's Full Name:    |  |
| Relationship:            |  |
| Complete Street Address: |  |
|                          |  |
|                          |  |
| Phone Number:            |  |

I certify that the above person is my nearest living relative.

\_\_\_\_\_  
 Borrower's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Borrower's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Borrower's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Borrower's Signature

\_\_\_\_\_  
 Date