This questionnaire is required to be completed by the active duty servicemember, veteran or veteran’s surviving spouse, as follows:

* **VA Purchase and Cash-Out Transactions:**
* Section I is required on **all** transactions
* Section II may be completed in lieu of VA Form 26-8937, or Homebridge VA Pending Claims Certification, or email/written documentation provided by veteran/active duty servicemember
* **IRRRL Transactions:** Section III may be completed in lieu of other COE documentation requirements as detailed in Homebridge [Bulletin 19-40](https://www.homebridgewholesale.com/bulletin/va-policy-updates-on-irrrls) updated September 5, 2019 due to VA’s policy change requiring a COE on IRRRL transactions ([VA Circular 26-19-17](https://www.benefits.va.gov/homeloans/documents/circulars/26_19_17.pdf))

**Section I: VA Purchase and Cash-Out Transactions Only**

|  |  |  |
| --- | --- | --- |
| 1. Are you currently receiving VA disability benefits?
 |  | [ ]  Yes [ ]  No |
| 1. Have you received VA disability benefits in the past?
 |  | [ ]  Yes [ ]  No |
| 1. Would you be entitled to receive VA disability benefits if you were not receiving retirement pay?
 |  | [ ]  Yes [ ]  No |
| 1. Are you currently paying a debt to the government that is related to a past benefit?
 |  | [ ]  Yes [ ]  No |
| 1. Are you a surviving spouse of a veteran who died on active duty or as a result of a service-connected disability?
 |  | [ ]  Yes [ ]  No |

**Section II: VA Purchase and Cash-Out Transactions (optional)**

1. Active Duty Servicemembers **only**:

 Do you have a pre-discharge claim pending? [ ]  Yes [ ]  No

1. Borrower is **NOT** exempt from funding fee **only**:

 Do you have a pending claim for compensation with the VA? [ ]  Yes [ ]  No

**Section III: VA IRRRL Transactions only**

1. Active Duty Servicemembers **only**:

 Do you have a pre-discharge claim pending? [ ]  Yes [ ]  No

1. Borrower is **NOT** exempt from funding fee **only**:

 Do you have a pending claim for compensation with the VA? [ ]  Yes [ ]  No

I certify that the above information is true and correct to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Active Duty Servicemember, Veteran or Surviving Spouse Name (Print) |  | Date |
|  |  |  |
| Signature |  |  |