

## **VETERAN'S DISABILITY AND PENSION STATEMENT**

I certify that I:	
*( ) <b>DO</b> receive disability compensation from the Defected disability.	Department of Veteran Affairs for a service con-
OR	
( ) <b>DO NOT</b> receive disability compensation from the Department of Veteran Affairs for a service connected disability.	
I certify that I:	
** ( ) <b>DO</b> receive a pension from the Department o ability.	of Veteran Affairs for a <b>NON</b> service connected dis-
OR	
( ) <b>DO NOT</b> receive a pension from the Departmen disability.	nt of Veteran Affairs for a <b>NON</b> service connected
	Signature of Veteran
	Print Name
	Date

<sup>\*</sup>If this box is checked, Veteran IS exempt from the funding fee.

<sup>\*\*</sup>If this box is checked, the application will require prior approval processing by VA and the file will be sent to VA for underwriting.