

SECTION III: HOMELESS INFORMATION	
IMPORTANT: The following questions (Items 20A through 20D) should ONLY be completed if you are currently homeless or at risk of becoming homeless. If this item does not apply to you, skip to Section IV.	
20A. ARE YOU CURRENTLY HOMELESS OR AT RISK OF BECOMING HOMELESS? <input type="checkbox"/> YES (If "Yes," complete Items 20B through 20D regarding your living situation) <input type="checkbox"/> NO (If "No," skip to Item 21)	20B. WHICH OF THESE STATEMENTS BEST DESCRIBES YOUR LIVING SITUATION? (Select all that apply) <input type="checkbox"/> I LIVE OR SLEEP IN A PLACE THAT IS NOT MEANT FOR REGULAR SLEEPING (e.g., a car, park, abandoned building, bus station, train station, airport or camp ground) <input type="checkbox"/> I LIVE IN A SHELTER (e.g., a hotel or motel that is meant for temporary stays) <input type="checkbox"/> I AM STAYING WITH A FRIEND OR FAMILY MEMBER, BECAUSE I AM UNABLE TO OWN A HOME RIGHT NOW <input type="checkbox"/> IN THE NEXT 30 DAYS, I WILL HAVE TO LEAVE A FACILITY, LIKE A HOMELESS SHELTER <input type="checkbox"/> IN THE NEXT 30 DAYS, I WILL LOSE MY HOME Note: This selection includes any house, apartment, trailer, or other living space that you own, rent, or live in without paying rent, any hotels or motels that are meant for temporary stays, or a living space that you share with others.) <input type="checkbox"/> NONE OF THESE SITUATIONS APPLY TO ME Note: We understand that you may have other housing risks not listed here. If you feel comfortable sharing more about your situation, you can check 'other' and specify in the space provided. Or you can check 'other' and not include any details. We will use this information only to prioritize your request. <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <input type="checkbox"/> OTHER (Specify)
20C. POINT OF CONTACT (Name of person VA can contact in order to get in touch with you) <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>	20D. POINT OF CONTACT TELEPHONE NUMBER (Include Area Code) <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="margin-top: 5px;"> Enter International Phone Number (If applicable) <div style="border: 1px solid black; width: 150px; height: 20px; float: right;"></div> </div>

SECTION IV: ISSUE(S) FOR SUPPLEMENTAL CLAIM	
21. YOU MUST LIST EACH ISSUE DECIDED BY VA THAT YOU WOULD LIKE VA TO REVIEW AS PART OF YOUR SUPPLEMENTAL CLAIM (Note: Refer to your decision notice(s) for a list of adjudicated issues. For each issue, identify the date of VA's decision.) If you are responding to a Statement of the Case (SOC) or a Supplemental Statement of the Case (SSOC): By submitting this form, I agree to participate in the modernized review system for the following issues decided in a SOC or SSOC. I am withdrawing the eligible appeal issues listed in Item 21A in their entirety, and any associated hearing requests, from the legacy appeals system. I understand I cannot return to the legacy appeals system for the issue(s) withdrawn.	
21A. SPECIFIC ISSUE(S)	21B. DATE OF VA DECISION NOTICE
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<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="margin-top: 5px;">SOC/SSOC Date: 08-13-2019</div>
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SECTION VIII: CERTIFICATION AND SIGNATURE	
I CERTIFY THAT the foregoing statement(s) are true and correct to the best of my knowledge and belief.	
25A. VETERAN/CLAIMANT'S SIGNATURE See attached page for signature of veteran claimant or rep	25B. DATE SIGNED (MM/DD/YYYY) <div>02-03-2021</div>
SECTION IX: WITNESSES TO SIGNATURE (Note: Only use this section if the veteran/claimant used an "X" in Item 25A)	
26A. SIGNATURE OF THE FIRST WITNESS	26B. PRINTED NAME AND ADDRESS OF FIRST WITNESS Name: Address:
27A. SIGNATURE OF THE SECOND WITNESS	27B. PRINTED NAME AND ADDRESS OF SECOND WITNESS Name: Address:
SECTION X: ALTERNATE SIGNER CERTIFICATION AND SIGNATURE (Note: Required only if Item 25A is blank.)	
NOTE 1: An alternate signer signature will not be accepted unless a valid VA Form 21-0972, <i>Alternate Signer Certification</i> , is of record or attached to this request.	
NOTE 2: For insurance appeals, either VA Form 21-22, <i>Appointment of Veterans Service Organization as Claimant's Representative</i> , VA Form 21-22A, <i>Appointment of Individual as Claimant's Representative</i> , OR VA Form 21P-555, <i>Certificate of Legal Capacity to Receive and Disburse Benefits and Fee Authorization</i> , needs to be of record to allow an alternate signer to sign on behalf of the claimant.	
I CERTIFY THAT by signing on behalf of the claimant, that I am a court-appointed representative; OR , an attorney in fact or agent authorized to act on behalf of a claimant under a durable power of attorney; OR , a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative; OR , a manager or principal officer acting on behalf of an institution which is responsible for the care of an individual; AND , that the claimant is under the age of 18; OR , is mentally incompetent to provide substantially accurate information needed to complete the form, or to certify that the statements made on the form are true and complete; OR , is physically unable to sign this form.	
I understand that I may be asked to confirm the truthfulness of the answers to the best of my knowledge under penalty of perjury. I also understand that VA may request further documentation or evidence to verify or confirm my authorization to sign or complete an application on behalf of the claimant if necessary. Examples of evidence which VA may request include: Social Security Number (SSN) or Taxpayer Identification Number (TIN); a certificate or order from a court with competent jurisdiction showing your authority to act for the claimant with a judge's signature and a date/time stamp; copy of documentation showing appointment of fiduciary; durable power of attorney showing the name and signature of the claimant and your authority as attorney in fact or agent; health care power of attorney, affidavit or notarized statement from an institution or person responsible for the care of the claimant indicating the capacity or responsibility of care provided; or any other documentation showing such authorization.	
28A. ALTERNATE SIGNER'S SIGNATURE	28B. DATE SIGNED (MM/DD/YYYY) <div></div>
SECTION XI: POWER OF ATTORNEY (POA) SIGNATURE (Note: This section does not apply to insurance claims)	
I CERTIFY THAT the claimant has authorized the undersigned representative to file this claim on behalf of the claimant and that the claimant is aware and accepts the information provided in this document. I certify that the claimant has authorized the undersigned representative to state that the claimant certifies the truth and completion of the information contained in this document to the best of claimant's knowledge.	
NOTE: A POA's signature will not be accepted unless at the time of submission of this claim a valid VA Form 21-22, or VA Form 21-22a, indicating the appropriate POA is of record with VA.	
29A. POA/AUTHORIZED REPRESENTATIVE'S SIGNATURE	29B. DATE SIGNED (MM/DD/YYYY) <div></div>
29C. ACCREDITATION NUMBER	29D. DATE LAST VA FORM 21-22 OR VA FORM 21-22A WAS SUBMITTED (If known) <div></div>
PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.	

