

Signature of Loan Originator

## FRANKLIN AMERICAN MORTGAGE COMPANY

These 2 forms (or equivalent) are required for EVERY VA loan type

## **FORM 1: VA BENEFIT QUESTIONNAIRE** THESE QUESTIONS MUST BE ANSWERED BY EACH APPLICANT THAT IS A VETERAN OR THE SURVIVING SPOUSE OF A VETERAN: □ YES $\sqcap$ NO Are you currently receiving VA disability benefits? □ YES $\sqcap$ NO Have you (or your deceased veteran spouse) ever received VA disability benefits? ☐ YES Have you (or your deceased veteran spouse) ever been rated disabled or incompetent by VA, regardless of whether or not benefits were ever received? ☐ YES Are you the surviving spouse of a veteran who died on active duty or as a result of a service-connected disability? I certify that the above information is true and correct and that I understand the meaning of the questions. Veteran or Surviving Spouse Date Veteran or Surviving Spouse Date **Processing Instructions:** If the answer to all the above questions is NO, place this form in the loan file instead of VA Form 26-8937. If the answer to any of the above questions is YES, VA Form 26-8937 "Verification of VA Benefits" (VA Benefit Related Indebtedness Letter), must be obtained from VA and placed in the loan file. Include this questionnaire with the submission to VA for the 26-8937. FORM 2: STATEMENT OF ACTIVE-DUTY STATUS Per VA Lender's Handbook Change 4 - Chapter 4, Section 2.m THESE QUESTIONS MUST BE ANSWERED BY EACH APPLICANT WHOSE INCOME IS USED TO QUALIFY (EVEN IF NOT A VETERAN): □ YES Is any applicant a member of the Reserves or National Guard? If the above answer is NO for every applicant, please skip to the end and sign. Otherwise, please continue below: ☐ YES $\square$ NO Has any applicant's unit been activated, or made aware of actual or potential activation? If the above answer is NO for every applicant, please skip to the end and sign. Otherwise, please continue below: **Processing Instructions:** For each applicant subject to a YES answer: Please provide below, details concerning actual or potential activation & how income may be affected. Attach supporting documentation or additional sheets as needed. I certify that the above statements and the attached documents (if any) are true and correct and that I understand the meaning of the questions. Applicant Date Applicant Date Applicant Date Applicant Date I certify that all information on the above 2 forms was explained to and obtained from each applicant as required.

Date