

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

I cer	tify that I:
*	<b>DO</b> receive disability compensation from the Department of Veteran Affairs for a service connected disability.
OR	
	<b>DO NOT</b> receive disability compensation from the Department of Veteran Affairs for a service connected disability.
I cer	tify that I:
**	<b>DO</b> receive a pension from the Department of Veteran Affairs for a <b>NON</b> service connected disability.
OR	
	<b>DO NOT</b> receive a pension from the Department of Veteran Affairs for a <b>NON</b> service connected disability.
I cert	ify that I:
***	Have filed a claim for compensation from VA and the claim is pending.
OR	
	Have NOT filed a claim for compensation from the VA.
	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.

<sup>\*\*\*</sup> If a Claim has been filed for compensation an updated COE must be pulled NO earlier than 3 days prior to closing.