



## VETERANS APPLICATION FOR ASSISTANCE In Acquiring Home Improvements and Structural Alterations

**INSTRUCTIONS: SUBMIT THIS APPLICATION TO THE PROSTHETIC AND SENSORY AIDS SERVICE TO  
 THE NEAREST VA MEDICAL CENTER**

**SECTION I - VETERAN/SERVICEMEMBER APPLICATION (To be completed by Veteran or Servicemember)**

HAVE YOU APPLIED OR RECEIVED HOME IMPROVEMENTS AND STRUCTURAL ALTERATIONS (HISA) IN THE PAST?

NO  YES *If "Yes" give*

(1) DATE \_\_\_\_\_ (MM/YYYY) AND ADDRESS OF PROPERTY \_\_\_\_\_

TYPE OF IMPROVEMENTS, ALTERATIONS, MODIFICATIONS \_\_\_\_\_

HAVE YOU APPLIED OR RECEIVED OTHER VA HOUSING BENEFITS (I.E., SPECIALLY ADAPTED HOUSING, SPECIAL HOME ADAPTATION GRANT, OR VOCATIONAL REHABILITATION AND EMPLOYMENT'S INDEPENDENT LIVING)?

NO  YES *If "Yes" give*

(1) DATE \_\_\_\_\_ (MM/YYYY) AND ADDRESS OF PROPERTY \_\_\_\_\_

TYPE OF IMPROVEMENTS, ALTERATIONS, MODIFICATIONS \_\_\_\_\_

1. NAME OF APPLICANT (LAST NAME, FIRST NAME, MI)	2. APPLICANT'S SOCIAL SECURITY NO.
3. APPLICANT'S ADDRESS <i>(Number and Street or Rural Route, City or P.O., State and ZIP Code)</i>	4. TELEPHONE NUMBER OF APPLICANT <i>(Include Area Code)</i>
	5. E-MAIL ADDRESS OF APPLICANT

6. WHAT TYPE OF IMPROVEMENTS, ALTERATIONS, MODIFICATIONS ARE YOU APPLYING FOR:

7. NAME OF PERSON OR COMPANY WITH WHOM I SATISFACTORILY REQUEST FOR NECESSARY LABOR AND MATERIALS  
*(Attach a signed copy of estimate which includes plans and specification for work to be done by a licensed, bonded, and/or insured contractor).* \_\_\_\_\_

8. IN ORDER TO COMPLETE THE HISA APPLICATION ATTACH THE FOLLOWING TO THIS APPLICATION:

FOR NON-HOME OWNERS - A NOTORIZED STATEMENT FROM THE OWNER OF THE PROPERTY AUTHORIZING THE IMPROVEMENT OR STRUCTURAL ALTERATION TO THE PROPERTY

A WRITTEN ITEMIZED ESTIMATE OF COSTS FOR LABOR, MATERIALS, PERMITS, AND INSPECTIONS FOR THE HOME IMPROVEMENT AND STRUCTURAL ALTERATION

A COLORED PHOTOGRAPH OF THE UNIMPROVED AREA

**CERTIFICATION**

I am applying for assistance in acquiring Home Improvements and Structural Alterations.

- \* I understand that there are medical and economic determinations yet to be considered before I am eligible for this benefit, and that I will soon be notified of the action taken on this application.
- \* I understand that cost limitations for improvements and structural alterations apply in the aggregate as a one lifetime benefit. Entitlements to this benefit terminates when the cost limit is reached. Limitations cannot be exceeded either for one project or for any accumulation of projects.
- \* When the anticipated total cost of a necessary or appropriate home improvements or structural alterations exceeds the remaining balance of my allowable benefit, I agree to pay the difference or the benefit will not be authorized.
- \* I acknowledge that the VA assumes no responsibility for maintenance, repair or replacement of requested improvements, alterations or installations; assumes no product liability for, and extends no warranties, expressed or implied, including merchantability, as to equipment or devices installed; and assumes no liability for damage caused by such equipment or devices or for their removal.
- \* I understand that this benefit can only be used within each of the several States, Territories, and Possessions of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.
- \* **If approved for HISA benefits, are you requesting advance payment of HISA benefits? (VA may make an advance payment to the beneficiary equal to 50 percent of the total benefit authorized for the improvement of structural alteration)**  YES  NO

9. SIGNATURE OF APPLICANT <i>(Sign Full Name)</i>	10. DATE SIGNED (mm/dd/yyyy)
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***The law provides severe penalties including fine or imprisonment, or both, for willful submission of any false statement or evidence of material fact.***

# VETERANS APPLICATION FOR ASSISTANCE IN ACQUIRING HOME IMPROVEMENTS AND STRUCTURAL ALTERATIONS, CONTINUED

## SECTION II - (FOR VA USE ONLY) HISA COMMITTEE ACTION

HOME IMPROVEMENTS AND STRUCTURAL ALTERATIONS IS NECESSARY:

TO ASSURE THE CONTINUATION OF TREATMENT OF APPLICANT'S DISABILITY *(Specify the disability for which the home improvement or structural alteration is necessary or appropriate)*

TO PROVIDE ACCESS TO THE HOME OR TO ESSENTIAL LAVATORY AND SANITARY FACILITIES FOR TREATMENT OF:

A SERVICE-CONNECTED DISABILITY

A NONSERVICE-CONNECTED DISABILITY OF A VETERAN WITH SERVICE CONNECTED DISABILITIES RATED 50% OR MORE

### COST LIMITATION

TOTAL LIFETIME BENEFIT: \$ \_\_\_\_\_

AMOUNT APPROVED \$ \_\_\_\_\_

TOTAL PAID TO DATE \$ \_\_\_\_\_

TOTAL REMAINING \$ \_\_\_\_\_

ASSISTANCE IN THE AMOUNT OF \$ \_\_\_\_\_ APPROVED. *(Letter of approval will state this amount, subject to amendment for inclusion of acceptable costs omitted in this application or found to be unnecessary.)*

ADVANCE PAYMENT IN THE AMOUNT OF \$ \_\_\_\_\_ PAID ON \_\_\_\_\_ (MM/DD/YYYY)

FINAL PAYMENT IN THE AMOUNT OF \$ \_\_\_\_\_ PAID ON \_\_\_\_\_ (MM/DD/YYYY)

APPLICATION DISAPPROVED

REMARKS:

SIGNATURE OF APPROVING OFFICIAL *(HISA COMMITTEE CHAIRMAN, PROSTHETIC REPRESENTATIVE, CHIEF of PROSTHETICS)*

DATE (mm/dd/yyyy)

**PRIVACY ACT INFORMATION:** The information requested on this form is solicited under authority of Title 38, U.S.C., "Veterans Benefits, and will be used to determine your eligibility/entitlement and reimbursement of individual claims for home improvement and structural alterations, and identify your medical records. Additional information may be solicited during the course of processing your application. The information you supply may also be disclosed outside the VA as permitted by law or as stated in the "Notices of Systems of VA Records' 24VA136, published in the Federal Register. Disclosure is voluntary, however, failure to furnish the information will result in our inability to process your request promptly and serve your medical needs. Failure to furnish the information will have no adverse effect on any other benefits to which you may be entitled.

**The Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 5 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.