OMB Control No. 2900-0188
Estimated Burden: 5 minutes
Expiration Date: 06/30/2027

Department of Veterans Affairs

VETERANS APPLICATION FOR ASSISTANCE

In Acquiring Home Improvements and Structural Alterations

INSTRUCTIONS: SUBMIT THIS APPLICATION TO THE VA HEALTH CARE FACILITY WHERE THE VETERAN RECEIVES CARE.

VA BURDEN STATEMENT: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0188, and it expires 06/30/2027. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing this burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0188 in any correspondence. Do not send your completed VA Form 10-0103 to this email address.

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.

SECTION I - VETERAN'S INFORMATION *(To be completed by Veteran)*

HAVE YOU MADE PREVIOUS APPLICATION FOR HOME IMPROVEMENTS AND STRUCTURAL ALTERATIONS (HISA)?

☐ NO ☐ YES *(If "Yes", give date (MM/DD/YYYY) and time):* _____ _____

1. NAME OF VETERAN *(Last, First, MI) (This is a mandatory field)*	2. SSN *(This is a mandatory field) (999-99-9999)*	3. VA FILE NUMBER

4. ADDRESS *(Number and street or rural route, P.O. Box, City, State and ZIP Code)*	5. TELEPHONE NUMBER OF VETERAN *(Include Area Code) ((999) 999-9999)*

6. NAME OF PERSON OR FIRM WITH WHOM I SATISFACTORILY BID FOR NECESSARY LABOR AND MATERIALS *(Attach a signed copy of bid and include plans and specifications for work to be done.)*

CERTIFICATION

I am applying for assistance in acquiring home improvement and structural alterations.

- I understand that there are medical and economic features 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 also understand that cost limitations for improvements and structural alternation 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 improvement or structural alteration 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 improvement, alteration or installation; 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.

7. IF APPROVED FOR HISA BENEFITS, ARE YOU REQUESTING AN ADVANCE PAYMENT? *(VA may make an advance payment to the beneficiary equal to 50 percent of the total benefit authorized for the HISA project (38 CFR 17.3130(a)).*

☐ YES ☐ NO

8. SIGNATURE OF VETERAN *(Sign Full Name in Ink)*	9. DATE SIGNED *(MM/DD/YYYY)*

The law provides severe penalties including fine or imprisonment , or both, for willful submission of any false statement or evidence of material fact.