



Department of Veterans Affairs

**APPLICATION IN ACQUIRING SPECIALLY ADAPTED HOUSING OR
SPECIAL HOME ADAPTATION GRANT
(Title 38 U.S.C. Section 2101(a) or 2101(b))**

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, CFR 1.576 for routine uses (for example: Authorizing release of information to Congress when requested for statistical purposes) identified in the VA system of records, 55VA26, Loan Guaranty Home, Condominium and Manufactured Home Loan Applicant Records, Specially Adapted Housing Applicant Records, and Vendee Loan Applicant Records - VA, published in the Federal Register. Your response is required to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38, CFR 3.809. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect.

RESPONDENT BURDEN: 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 2900-0132, and it expires 05/31/2027. Public reporting burden for this collection of information is estimated to average 10 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 the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0132 in any correspondence. Do not send your completed VA Form 26-4555 to this email address.

INSTRUCTIONS: This application should be submitted to the VA regional office where your claim file is located or this form can be completed online by visiting www.va.gov.

1. FIRST NAME - MIDDLE INITIAL - LAST NAME John A. Doe	2. SOCIAL SECURITY NO. 111111111	3. VA FILE /CLAIM NUMBER 111111111
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4. DATE OF BIRTH (MM/DD/YYYY) 01/01/1970	5. E-MAIL ADDRESS johndoe@gmail.com
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6. ADDRESS (Number and street or rural route, P.O. Box, City, State and ZIP Code)
123 Veteran Rd., Houston, TX

7. TELEPHONE NUMBERS OF APPLICANT (Include Area Code)

A. DAYTIME	B. EVENING	C. CELL
(123) 456-7890	(123) 456-7890	(123) 456-7890

8. HAVE YOU MADE PREVIOUS APPLICATION FOR SPECIALLY ADAPTED HOUSING?
☐ YES ☒ NO (If "Yes," give date (MM/DD/YYYY) and place)

9. HAVE YOU MADE PREVIOUS APPLICATION FOR HOME IMPROVEMENT AND STRUCTURAL ALTERATION GRANT?
☐ YES ☒ NO (If "Yes," give date (MM/DD/YYYY) and place)

10. ARE YOU CONFINED TO A NURSING HOME OR MEDICAL CARE FACILITY?
☐ YES ☒ NO (If "Yes," give name and address of facility)

11. REMARKS
Please see attached required documents.

CERTIFICATION

I am applying for assistance in acquiring specially adapted housing or special home adaptation grant because of the nature of my service-connected disability. I understand that there are medical and economic features yet to be considered before I am eligible for this benefit, and that I will be notified of the action taken on this application as soon as possible.

12A. SIGNATURE OF APPLICANT (Sign full name in ink.) <i>John A. Doe</i>	12B. DATE SIGNED (MM/DD/YYYY) 03/05/2025
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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.

CERTIFICATE OF UNIFORMED SERVICE

When completed, this form contains personally identifiable information and is protected in accordance with the Privacy Act of 1974, as amended, and DoD 5400.11-R, DoD Privacy Program.

1. NAME (Last, First, Middle) Doe, John A		2. BRANCH AND COMPONENT ARMY		3. DOD ID NUMBER 111111111	4. SERIAL NUMBER: 111111111	
5a. GRADE, RATE OR RANK E-7		b. PAY GRADE E-7		6. DATE OF BIRTH (YYYYMMDD) 19700101		
7a. MILITARY SERVICE OBLIGATION TERMINATION DATE (YYYYMMDD) 20150101	b. RESERVE STATUS FOR OBLIGATION (SELRES/IRR)	c. CONTACT PHONE NUMBER (Civilian) (123)456-7890		d. CONTACT EMAIL ADDRESS (Civilian) johndoe@gmail.com		
8a. PLACE OF ENTRY INTO ACTIVE DUTY HOUSTON, TX		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 123 Veteran Rd., Houston, TX 12345				
9a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 18th Airborne Corps			b. STATION WHERE SEPARATED Ft. Knox, KY 458521			
10. COMMAND TO WHICH TRANSFERRED 88th Ready Reserve, Ft. McCoy, WI 45787				11. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$		
12. SPECIALITY (List number, title, and years and months in specialties involving periods of one or more years.) 11B INFANTRYMAN - 15 YRS 0 MOS//NOTHING FOLLOWS		13. RECORD OF SERVICE		YEAR(S)	MONTH(S)	DAY(S)
		a. DATE ENTERED TO AD THIS PERIOD		1992	10	01
		b. SEPARATION DATE THIS PERIOD		2015	09	03
		c. NET ACTIVE SERVICE THIS PERIOD		0023	00	00
		d. TOTAL PRIOR ACTIVE SERVICE		0000	00	00
		e. TOTAL ACTIVE SERVICE		0023	00	00
		f. TOTAL INACTIVE SERVICE		0000	00	00
		g. FOREIGN SERVICE		0001	00	00
		h. SEA SERVICE		0000	00	00
		i. INITIAL ENTRY TRAINING				
14. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) BRONZE STAR MEDAL//ARMY COMMENDATION MEDAL (2ND AWARD)//ARMY ACHIEVEMENT MEDAL (2ND AWARD)//NATIONAL DEFENSE SERVICE MEDAL (2ND AWARD)//ARMED FORCES EXPEDITIONARY MEDAL//GLOBAL WAR ON TERRORISM EXPEDITIONARY//CONT IN BLOCK 18		15. UNIFORMED SERVICE EDUCATION (Course title, number of weeks, and month and year completed)				
16. DAYS ACCRUED LEAVE PAID		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
18. RETIREMENT SYSTEM OPTION <input type="checkbox"/> FINAL <input type="checkbox"/> HIGH-3 <input checked="" type="checkbox"/> REDUX <input type="checkbox"/> BRS		19. DD214-1 (Accompanies this DD214) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
20. REMARKS SERVED IN A DESIGNATED IMMINENT DANGER PAY AREA/ SERVICE IN IRAQ 20100101-20110101// INDIVIDUAL COMPLETED PERIOD FOR WHICH ORDERED TO ACTIVE DUTY FOR PURPOSE OF POST SERVICE BENEFITS AND ENTITLEMENTS//ORDERED TO ACTIVE DUTY IN SUPPORT OF OPERATION IRAQI FREEDOM IAW 10 USC 12302//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//CONT FROM BLOCK 13: MEDAL// GLOBAL WAR ON TERRORISM SERVICE MEDAL//ARMED FORCES SERVICE MEDAL (AFSM)//IRAQ CAMPAIGN MEDAL W/ CAMPAIGN STAR//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON (2ND AWARD)//ARMED FORCES The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.						
21a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 123 Veteran Rd., Houston, TX 12345			21b. NEAREST RELATIVE (Name and address - include ZIP code) Mary Doe 123 Veteran Rd., Houston, Tx 12345			
22. MEMBER REQUESTS DATA SHARE WITH (Specify state/locality) OFFICE OF VETERANS AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
23a. MEMBER SIGNATURE		b. DATE (YYYYMMDD)	24. OFFICIAL AUTHORIZED TO SIGN			
			a. NAME, GRADE AND TITLE		c. DATE (YYYYMMDD)	
			b. SIGNATURE			

INJURY STATEMENT

John A. Doe
123 Veteran Rd.
Houston, TX 12345

March 3, 2025

Department of Veterans Affairs
To Whom It May Concern,

I, **John A. Doe**, am submitting this statement in support of my **claim for housing assistance and special home adaptation** due to my **service-connected bilateral knee disability**. My condition has significantly worsened, making it difficult for me to **navigate my home safely** without modifications that accommodate my **limited mobility, pain, and instability**. I was granted a 100% disability rating on 1 September 2024.

Disability and Symptoms

I was diagnosed with **bilateral knee pain** while stationed at **Ft. Bragg, North Carolina**, in **July 2013**. My condition has **progressed despite continued treatment**, and I now experience:

- **Chronic pain, stiffness, and swelling**, making movement difficult.
- **Severe knee instability**, leading to frequent **buckling and near falls**.
- **Limited mobility**, requiring the **use of a knee brace** and frequent rest periods.
- **Inability to navigate stairs**, making multi-level housing unsafe and impractical.

Medical Treatment and Functional Limitations

I have received continued medical treatment for this condition at **Ft. Bragg Medical Facility**, including:

- **July 2013**
- **February 2014**
- **May 2015**

My **current treatment plan** includes:

- **Daily use of pain medications** (Naproxen, Advil) to manage chronic pain.
- **Regular physical therapy**, though my mobility remains significantly impaired.
- **Use of a knee brace** for added support, though instability persists.

Despite these treatments, I **continue to struggle with daily mobility and require significant home modifications** to maintain my independence.

Impact on Housing and Daily Living

My **bilateral knee disability** severely limits my ability to function in my current home. My **biggest challenges** include:

- **Inability to use stairs**, forcing me to avoid multi-level areas in my home.
- **Difficulty entering and exiting the house**, as standard steps and thresholds are **painful and dangerous** for me to navigate.
- **Narrow doorways and hallways**, making movement difficult with assistive devices.
- **Inaccessible bathroom facilities**, as standing for long periods is **painful and unsafe**.

I now **require specialized home modifications** to ensure **safe mobility, prevent falls, and improve my quality of life**.

Request for Housing Assistance and Special Home Adaptation

Given my **mobility limitations and the severe impact on my ability to navigate my home**, I am requesting **housing assistance and a special home adaptation grant** under **38 U.S.C. § 2101 and 38 C.F.R. § 3.809**. I require **modifications such as**:

- **Ramp installation** to improve access to my home.
- **Wider doorways and hallways** to accommodate my mobility limitations.
- **Bathroom modifications**, including a **walk-in shower and grab bars** for stability.
- **Lowered kitchen counters and cabinets** to allow safe access without excessive strain on my knees.

These **essential modifications** will allow me to **live independently, prevent further injury, and improve my overall quality of life**.

Conclusion

Due to the **severe, chronic, and progressive nature of my bilateral knee condition**, I am requesting **housing assistance and home adaptation benefits** to accommodate my disability. The modifications requested are **necessary to ensure my safety, mobility, and ability to perform daily tasks**.

I appreciate your time and consideration in reviewing my request. I certify that the statements in this letter are true and accurate to the best of my knowledge. Please feel free to contact me for any additional information.

Sincerely,

John A. Doe

John A. Doe

**ADD MEDICAL
DOCUMENTS
HERE**