

**VA – NEAREST LIVING RELATIVE STATEMENT**

The Veterans Administration requires that we obtain from you the name, address and phone number of your nearest living relative. Please complete the blanks below:

Relative's  
Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Complete Street  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

I certify that the above person is my nearest living relative.

\_\_\_\_\_  
BORROWER

\_\_\_\_\_  
DATE