



## VA - NEAREST LIVING RELATIVE FORM

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

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

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

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

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

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

\_\_\_\_\_  
BORROWER DATE

\_\_\_\_\_  
BORROWER DATE

\_\_\_\_\_  
BORROWER DATE

**Please Email All Documents as PDF's to:**

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