



SSAI SCSEP Veteran or Spouse of Veteran Self-Attest Form

On this date, I, _____ (*Name of Applicant*), certify that I am a veteran, or a spouse of a veteran, as defined by **one** of the following statements:

____ I served in the active _____ (*Name of Branch of Military*) and was discharged or released from such service under conditions other than dishonorable, or

____ I was on full-time duty in the National Guard or a Reserve component, other than full-time duty for training purposes, and was released from such duty with other than a dishonorable discharge, or

____ I am the spouse of a person who died on active duty or of a service-connected disability, or

____ I am the spouse of a member of the Armed Forces serving on active duty who, at the time of application for assistance under this part, is listed in one or more of the following categories:

____ missing in action;

____ captured in the line of duty by a hostile force; or

____ forcibly detained or interned in the line of duty by a foreign government or power; or

____ I am the spouse of a person who has a total disability permanent in nature resulting from a service-connected disability as determined by the VA; or

____ I am the spouse of a veteran who died while a disability so evaluated was in existence.

Additionally, I attest that I or my spouse served and was discharged from active duty as defined above on _____.
(*Date*)

(*Signature of Applicant*)

(*Date*)