



**Advance Payment Request Form**

Veterans Affairs Center  
4000 Suisun Valley Road, Building 400, Room 429  
Fairfield, CA 94535-3197  
Office: (707) 864-7105 Fax: (707) 646-2092

Name		SSN		Student ID	
Address		City		State	Zip
VA File # (if dependent)		Phone		Email	
Term to be certified: <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__ <input type="checkbox"/> Fall 20__					
Benefits: <input type="checkbox"/> Ch 30 <input type="checkbox"/> Ch 31 <input type="checkbox"/> Ch 35* <input type="checkbox"/> Ch 1606 <input type="checkbox"/> Ch 1607 *If dependent, are you: Spouse or Child					

Number of units planning to enroll in & the length of the courses: (example: List the number of unit - 8-wk <u>5 units</u> )					
4-wk	6-wk	8-wk	10-wk	16-wk	Other

**When requesting Advance Pay the student receives 6-weeks of their education benefit stipend in advance. By signing below I understand the process and that it has been explained to me by the Office of Veteran Affairs staff.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Receipt of Advance Payment Check**  
***(Complete this portion after check is received.)***

I certify that I am enrolled in \_\_\_\_\_ units and have notified the Veterans Affairs Office of any change in my enrollment status.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For VA Office use only after check is received (attach photo copy of check)**

Were there changes to enrollment? No \_\_\_ Yes \_\_\_ Explain: \_\_\_\_\_

***(If student is not enrolled DO NOT ISSUE check!)***

Date check given to student: \_\_\_\_\_  
*Enrollment Status Form and Schedule/Receipt Required.*

**Issuer Signature:** \_\_\_\_\_

Dates of attempts to contact student when check was received by VA Office:  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_