OMB Control No.: 2900-0851 Respondent Burden: 30 minutes Expiration Date: 10/31/2023

Departmen	Department of Veterans Affairs STATUS OF LOAN ACCOUNT - FORECLOSURE OR OTHER LIQUIDATION							
INSTRUCTIONS: Compl	ete all applicable items		required, attach a separa		-		The date in Item 1 is the	
applicable cutoff per 38 Cl	FR 36.					SER MUST BE N	UMERIC, 12 DIGITS	
LOAN NO.:				VA LOAN NO.:				
CURRENT OWNER:				ORIGINAL VETERAN:				
ORIGINAL LOAN AMOUNT:				PERCENT OF GUARANTY:				
TERM OF LOAN:				P & I:				
DATE OF FINAL DISBURSEMENT: DAT					TE OF FIRST PAYMENT:			
PROPERTY ADDRESS								
ITEM								
1. PRINCIPAL							1	
AN UNPAID PRINCIPAL						DATE	AMOUNT \$	
2. INTEREST								
A. UNPAID INTEREST ("From" is the Interest Collected Date and "To" is the Cutoff Date)						ROM:):	\$	
B. INTEREST BUYDOWN TO OBTAIN A NET VALUE					[DATE APPLIED	\$	
3. AMOUNT IN TAX AND INSURANCE ACCOUNT (If other than a positive balance, show "0" and list advances in Item 6)							\$	
4. OTHER CREDITS (e.g., unearned add-on interest or discount, amount in receiver's rent account, unapplied interest, buy down funds escrowed at origination, credits applied by the holder in order to obtain a net value from VA, hazard insurance proceeds, etc.)						DATE	AMOUNT \$	
5. ACTUAL FORECLOSURE COSTS PAID OR WHICH WILL BE PAID PRIOR TO DATE OF FORECLOSURE (Itemize)								
DESCRIPTION						AYMENT DATE	AMOUNT PAID	
							\$	
6. ANY OTHER CHAR						ANCES AND PI	\$ ROPERTY	
PRESERVATION COSTS PAID OR WHICH WILL BE PAID PRIOR TO DATE OF FORECLOSURE (Itemize) DESCRIPTION PAYN						AYMENT DATE	AMOUNT PAID	
							\$	
							\$	
							\$	
7. TOTAL INDEBTEDNESS AT FORECLOSURE (Or other liquidations/cutoff date) (Sum of Items 2A, 5 and 6 less sum of Items 2B, 3 and 4)							\$	
8. STATUS OF PROPE	RTY TAXES						I	
ΤΥΡΕ ΤΑΧ	DATE LAST PAID	ANNUAL AMOUNT	PERIOD COVERE	D NAME	NAME OF TAX AUTHORITY		TAX AUTHORITY ACCOUNT NO.	
COUNTY								
CITY								
SCHOOL								
OTHER TAX								
9. WATER AND SEWE	R CHARGES AND S	SPECIAL ASSESSME	INTS					
AMOUNT	D	DATE LAST PAID		ТҮРЕ		PERIOD COVERED		
10. NAME, ADDRESS AND TELEPHONE NUMBER OF HOLDER								
10. NAME, ADDRESS	AND TELEPHONE N	NUMBER OF HOLDEF	×					
11. SIGNATURE AND TITLE OF LENDING INSTITUTION OFFICIAL (Sign in ink)						12. DATE		

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: authorized 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 obligation to respond is required to in order to determine your eligibility for a Specially Adapted Housing grant.

RESPONDENT BURDEN: We need this information to determine or verify your eligibility for a grant for specially adapted housing. Title 38, U.S.C. 2101(a) or 2101(b), allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.