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

<b>Departmen</b>	t of Ve	terans A	Affairs	STATUS OF LOAN ACCOUNT - FORECLOSURE OR OTHER LIQUIDATION					
INSTRUCTIONS: Compl applicable cutoff per 38 CF		icable items	. If additional space is re					The date in Item 1 is the	
						NOTE: LOAN NUMBER MUST BE NUMERIC, 12 DIGITS			
LOAN NO.:						VA LOAN NO.: ORIGINAL VETERAN:			
CURRENT OWNER:  ORIGINAL LOAN AMOUNT:						PERCENT OF GUARANTY:			
						P&I:			
TERM OF LOAN:									
DATE OF FINAL DISBURSEMENT:  PROPERTY ADDRESS  DATE OF FIRST PAYMENT:									
PROFERIT ADDITION									
ITEM									
1. PRINCIPAL								· · · · · · · · · · · · · · · · · · ·	
AN UNPAID PRINCIPAL DATE								AMOUNT \$	
2. INTEREST									
A. UNPAID INTEREST ("From" is the Interest Collected Date and "To" is the Cutoff Date)  FROM: TO:							FROM: TO:	\$	
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.)								AMOUNT \$	
5. ACTUAL FORECLOSURE COSTS PAID OR WHICH WILL BE PAID PRIOR TO DATE OF FORECLOSURE (Itemize)								1	
DESCRIPTION PAYMENT DATE								AMOUNT PAID	
								\$	
6. ANY OTHER CHARGES LEGALLY CHARGEABLE TO MORTGAGOR INLUDING TAX/INSURANCE ADVANCES AND PROPERTY									
PRESERVATION COSTS PAID OR WHICH WILL BE PAID PRIOR TO DATE OF FORECLOSURE (Itemize)  DESCRIPTION  PAYMENT 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 PROPERTY TAXES									
TYPE TAX	DATE LAST PAID		ANNUAL AMOUNT	L AMOUNT PERIOD COVER		NAME OF 1	TAX AUTHORITY	TAX AUTHORITY ACCOUNT NO.	
COUNTY									
CITY		_							
SCHOOL									
OTHER TAX									
9. WATER AND SEWER CHARGES AND SPECIAL ASSESSMENTS									
AMOUNT		DATE LAST PAID		TYPE		PERIOD COVERED			
10. NAME, ADDRESS /	AND TELE	EPHONE N	IUMBER OF HOLDER						
11 SIGNATURE AND T	TITI E OE	LENDING	INSTITUTION OFFICE	Al (Sion 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 <a href="https://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.