VA Native American Direct Loan Checklist Development Bank of American Samoa

Please submit all documents at one time. The Veteran and Development Bank of American Samoa will initial next to each document certifying it is included in the loan packet. Veteran will keep a copy of the checklist for their records. The VA office will not accept any packets that do not have all documents.

Veteran Name (printed):	Date Packet Complete:	
Document	Veteran	<u>DBAS</u>
1. Certification for Pacific Islander	<u>N/A</u>	<u>DBAS</u>
2. VA Certificate of Eligibility or VA Form 26-1880		
3. VA Form 26-8937, Verification of Benefits		
4. Evidence of Residence (Birth Certificate or I.D.)		
5. Copy of Utility Bill		
6. Current Bank Statements (2 months)		
7. Current Income Tax Returns (2 years)	-	
8. Current Pay Stubs (2 months)		
9. VA Form 26-8513, Creditor Disclosure	<u>N/A</u>	DBAS
10. VA Form 26-8497a, Verification of Deposit		
11. VA Form 26-8497, Verification of Employment	<u>,</u>	
12. Borrower's Certification and Authorization		
13. COMPLETED Loan Application (URLA)	<u> </u>	4.60
14. DBAS Credit Rating	<u>N/A</u>	<u>DBAS</u>
15. Credit Report Authorization		
16. Property Documents (Lease or Sales Agreement)		
17. Application Fee:(\$300.00)		

Explanation:

To be completed by the Lender: Lender Loan No./Universel Loan Identifier	Agency Case No.
Uniform Residential Loan Application Verify and complete the Information on this application. If you a Information as directed by your Lender.	are applying for this loan with others, each additional Borrower must provide
Section 1: Borrower Information. This section employment and other sources, such as retirement, that you	n asks about your personal information and your income from want considered to qualify for this loan.
1a. Personal Information	
Name (First, Middle, Last, Suffix) Alternate Names – List any names by which you are known or any na	Social Security Number (or individual Taxpayer identification Number)
under which credit was previously received (First, Middle, Last, Suffix)	mes Date of Birth Citizenship (mm/dd/yyyy) OU.S. Citizen OPermanent Resident Allen Non-Permanent Resident Allen
Type of Credit I am applying for individual credit. I am applying for joint credit. Total Number of Borrowers: Each Borrower Intends to apply for joint credit. Your initials:	List Name(s) of Other Borrower(s) Applying for this Loan (First, Middle, Last, Suffix) – Use a separator between names
Marital Status O Married O Separated O Unmarried (Single, Divorced, Widowed, Civil Union, Domestic Partnership, Regingle, Divorced Beneficiary Relationship)	Home Phone () Cell Phone ()
Current Address Street City	Unit #
How Long at Current Address? Years Months Housing (O No primary housing expense O Own O Rent (\$ /month)
If at Current Address for LESS than 2 years, list Former Address Street	☐ Does not apply Unit #
City How Long at Former Address? Years Months Housing (State ZIP Country No primary housing expense O Own O Rent (\$ /month)
Mailing Address – if different from Current Address Does not as	Unit #
City	State ZIP Country
1b. Current Employment/Self-Employment and Income	□ Does not apply
Employer or Business Name	Phone () Gross Monthly Income
Street	Unit # Base \$/month
CityState Z	IP Country Overtime \$/month
Position or Title Ch	Bonus \$/month seck if this statement applies: Commission \$ //month
	I am employed by a family member,
How long in this line of work? Years Months	property seller, real estate agent, or other party to the transaction. Military Entitlements \$/month
Check if you are the Business I have an ownership share of Owner or Self-Employed I have an ownership share of	

Employer or Business Name		B	hono (And the state of t		_	ot apply
Street			Unit#	.——	Base		/mont
City	State	ZIP	Country		Overtim		/mont
Position or Title					Bonus	\$	/ment
Start Date / /	(mm/dd/yyyy)		statement applies: oyed by a family membe	er.	Commis		/mont
How long in this line of work?			eller, real estate agent, on transaction.		Military Entitlem		/monti
☐ Check if you are the Busines	s O I have an ownership sh	are of less than 2	25%. Monthly Incom	e (or Loss)	Other	\$	/mont
Owner or Self-Employed	O I have an ownership sh	are of 25% or me	ore. \$.0 (01 2023)	TOTAL	\$	0.00/mont
1d. IF APPLICABLE, Complete Provide at least 2 years of curre Employer or Business Name	ent and previous employme	ent and Income.				es not	is Monthly
Street			Unit #		Income	\$	/monti
City	State	ZIP	Country				
Position or Title		T					
Start Date / / End Date / /	(mm/dd/yyyy) (mm/dd/yyyy)	Check if y	ou were the Busine Self-Employed	55			
	reas below. Under Income Support Interest and Mortgage Care Mortgage Eg or Parsonage Payments	i Dividends Credit Certificate Differential	Notes Receivable Public Assistance Retirement (e.g., Pension, IRA)	Royalty Pa Separate I Social Sec Trust	Mainten: urity	ance	Unemployment Benefits VA Compensation Other
NOTE: Reveal alimony, child suppo for this loan.	ort, separate maintenance, or o	ther income ONL	Y IF you want it consid	lered in deten	mining y	your qu	alification
ncoma Sourca – use list above						Monti	ly Income
						\$	
						\$	
						\$	
			Provide TO	TAL Amount	Hara	4	0.00

Section 2: Financial Information — Assets and Liabilities. This section asks about things you own that are worth money and that you want considered to qualify for this loan. It then asks about your liabilities (or debts) that you pay each month, such as credit cards, allmony, or other expenses. 2a. Assets - Bank Accounts, Retirement, and Other Accounts You Have Include all accounts below. Under Account Type, choose from the types listed here: Certificate of Deposit Stock Options Bridge Loan Proceeds Trust Account Savings Mutual Fund - Bonds Individual Development Cash Value of Life Insurance Money Market Stocks · Retirement (e.g., 401k, IRA) Account (used for the transaction) Account Type - use list above **Financial Institution Account Number** Cash or Market Value \$ \$ \$ \$ **Provide TOTAL Amount Here** 0.00 2b. Other Assets and Credits You Have Does not apply Include all other assets and credits below. Under Asset or Credit Type, choose from the types listed here: Assets Credits · Proceeds from Real Estate · Proceeds from Sale of Unsecured Borrowed Funds · Earnest Money Relocation Funds Sweat Equity
 Trade Equity Property to be sold on or **Non-Real Estate Asset** Other Employer Assistance · Rent Credit before closing Secured Borrowed Funds Lot Equity Asset or Credit Type - use list above Cash or Market Value \$ \$ \$ \$ Provide TOTAL Amount Here S 0.00 2c. Liabilities - Credit Cards, Other Debts, and Leases that You Owe Does not apply List all liabilities below (except real estate) and include deferred payments. Under Account Type, choose from the types listed here: · Revolving (e.g., credit cards) · Installment (e.g., car, student, personal loans) Open 30-Day (balance paid monthly)
 Lease (not real estate)
 Other Account Type -To be pald off at use list above **Company Name Account Number** Unpaid Balance or before closing **Monthly Payment** \$ \$ \$ \$ \$ \$ \$ \$

nctude all Alimony	other liabilities	N44.0			
Authory	• Citta Support	Separate Maintenance	• Job Related Expenses	• Other	Monthly Payment
					\$
					\$
					\$

Does not apply

Borrower Name:
Uniform Residential Loan Application
Freddie Mac Form 65 • Fannie Mae Form 1003
Effective 1/2021

2d. Other Liabilities and Expenses

	u Own	II Aon	are reimanci	ng, list the	a propert	y you are refinancin	a FIRST				
Address Stree	t				propers	, you are remindred.	granar.		Unit		
City						State	ZiP		cunt		
	Status:	Sold.	Intended Oc	cupancy:	Month	ly Insurance, Taxes,	For 2-4 Unit	-		ment Property	
Property Value	Pending or Retain	Sale,	Investment, I Residence, So Home, Other	cond	if not in	ation Dues, etc. cluded in Monthly ge Payment	Monthly Rent	al For L	ENDI	R to calculate: ly Rental Income	
\$					\$		\$	\$			
Mortgage Loans	on this Pro	perty	Does no	t apply							
Creditor Name		lccoun	Number	Monti Mortg Paymo	age	Unpaid Balance	To be paid off at or before closing	Type: FHA, Convention USDA-RD, C	al,	Credit Limit (if applicable)	
				\$		\$				\$	
				\$		\$				\$	
3b. IF APPLICAE Address Street City			ormation for <i>i</i>			Does not ap			Unit		
	Tax		Intended Oc	cupancy:	Monthi	y Insurance, Taxes,			1000000	tment Property	
Property Value	Status: S Pending or Retain	Sale,	Investment, F Residence, Se Home, Other	rimary	Associa if not inc	ition Dues, etc. Euded in Monthly	Monthly Renta	l For L	ENDE	R to calculate: ly Rental Income	
\$			rione, outer	-	\$	ge Payment	\$	\$	onun	y nental income	
Mortgage Loans	on this Pro	norty	☐ Does no	tannh	<u> </u>		*				
		party		Month	lu			Type: FHA.	/A		
Creditor Name	A	ccount	Number	Mortgage Payment		To be paid of Unpaid Balance or before cid		Convention USDA-RD, O	al,	Credit Limit (if applicable)	
				\$		\$				\$	
				\$		\$				\$	
3c. IF APPLICAB	N H H N	rte Info	rmation for A	dditional	Property	☐ Does not app	nly				
City_						State	ZIP	C	Unit		
	Status: S	old	Intended Oc			y Insurance, Taxes,	For 2-4 Unit P			nent Property	
Property Value	Pending or Retain	Sale,	Investment, P Residence, Se Home, Other		if not inc	tion Dues, etc. duded in Monthly le Payment	uded in Monthly Monthly Rental		NDE	R to calculate: y Rental Income	
\$					\$		\$	\$			
Mortgage Loans	on this Pro	perty	☐ Does no	apply							
Creditor Name	A	ccount	Number	Month Mortga Payme	age	Unpaid Balance	To be paid off at or before closing	Type: FHA, \ Conventions USDA-RD, O	al,	Credit Limit (if applicable)	
							-		_		
				\$		\$				\$	

Borrower Name: Uniform Residential Loan Application Freddie Mac Form 65 • Fannie Mae Form 1003 Effective 1/2021

4a. Loan and Prop	perty Information					
Loan Amount \$		Loan Purpose) Purchase	O Refinance	O Other (specify)	
Property Address	Street			•	•	Unit#
	City			State	ZIP	County
	Number of Units	Property Value \$				
Occupancy	O Primary Residence	O Second Home		vestment Prope		dary Residence 🔲
your own busines	erty. If you will occupy the ss? (e.g., daycare facility, me ome. Is the property a ma	edical office, beauty/barb	per shop)			O NO O YES
4b Other New M	ortaine Loans on the Rec	anneti Van an Romin	0.0			
4b. Other New Mo	ortgage Loans on the Pro	perty You are Buying	or Refinanc	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	s not apply	
Creditor Name	Lien Type	9	Monthly I		.oan Amount/ Amount to be Drawn	Credit Limit (if applicable)
	O First Lie	en O Subordinate Lien	\$!		\$
	O First Lie	en O Subordinate Lien	\$!		\$
4c. Rental Income	on the Property You Wa	nt to Purchase	or Purchase	Only I Doe	s not apply	
Complete if the pro	perty is a 2-4 Unit Prima	ry Residence or an inv	estment Pr			Amount
Expected Monthly R						\$
For LENDER to calc	ulate: Expected Net Mont	hly Rental Income				\$
						-
4d. Gifts or Grants	You Have Been Given or	Will Receive for this L	oan 🗆	Does not apply		
nclude all gifts and Community Nonprofit Employer	grants below. Under So + Federal Agency + Local Agency	urce, choose from the • Relative • Religious Nonprofit	• State	ted here: Agency arried Partner	• Lender • Other	
Asset Type: Cash Gil	ft, Gift of Equity, Grant	Deposited/Not Dep	osited	Source - use li	st above	Cash or Market Value
		O Deposited O Not	t Deposited			\$
		O Deposited O Not	Deposited			S

Section 5: Declarations. This section asks you specific questions about the property, your funding, and your past financial history. 5a. About this Property and Your Money for this Loan A. Will you occupy the property as your primary residence? ONO OYES If YES, have you had an ownership interest in another property in the last three years? ONO OYES If YES, complete (1) and (2) below: (1) What type of property did you own: primary residence (PR), FHA secondary residence (SR), second home (SH), or investment property (IP)? (2) How did you hold title to the property: by yourself (5), jointly with your spouse (SP), or jointly with another person (0)? B. If this is a Purchase Transaction: Do you have a family relationship or business affiliation with the seller of the property? ONO OYES C. Are you borrowing any money for this real estate transaction (e.g., money for your closing costs or down payment) or obtaining any money from another party, such as the seller or realtor, that you have not disclosed on this loan application? ONO OYES If YES, what is the amount of this money? D. 1. Have you or will you be applying for a mortgage loan on another property (not the property securing this loan) on or ONO OYES before closing this transaction that is not disclosed on this loan application? 2. Have you or will you be applying for any new credit (e.g., installment loan, credit card, etc.) on or before closing this loan that ONO OYES is not disclosed on this application? E. Will this property be subject to a lien that could take priority over the first mortgage lien, such as a clean energy lien paid through your property taxes (e.g., the Property Assessed Clean Energy Program)? ONO OYES 5b. About Your Finances F. Are you a co-signer or guarantor on any debt or loan that is not disclosed on this application? ONO OYES G. Are there any outstanding judgments against you? ONO OYES H. Are you currently delinquent or in default on a Federal debt? ONO OYES Are you a party to a lawsuit in which you potentially have any personal financial liability? ONO OYES J. Have you conveyed title to any property in lieu of foreclosure in the past 7 years? ONO OYES K. Within the past 7 years, have you completed a pre-foreclosure sale or short sale, whereby the property was sold to a ONO OYES third party and the Lender agreed to accept less than the outstanding mortgage balance due? Have you had property foreclosed upon in the last 7 years?

☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13

ONO OYES

ONO OYES

M. Have you declared bankruptcy within the past 7 years?

If YES, Identify the type(s) of bankruptcy:

Section 6: Acknowledgments and Agreements. This section tells you about your legal obligations when you sign this application.

· "Lander" Includes the Lender's agents, service providers, and any of their successors and assigns.

 "Other Loan Participants" Includes (i) any actual or potential owners of a loan resulting from this application (the "Loan"), (ii) acquirers of any beneficial or other interest in the Lozn, (iii) any mortgage insurer, (iv) any guarantor, (v) any servicer of the Lean, and (vi) any of these parties' service providers, successors or assigns.

l agree to, acknowledge, and represent the following:

(1) The Complete Information for this Application
- The information I have provided in this application is true, accurate, and complete as of the date I signed this application.

 If the Information I submitted changes or I have new information before closing of the Loan, I must change and supplement this application, including providing any updated/supplemented real estate sales contract.

· For purchase transactions: The terms and conditions of any real estate sales contract signed by me in connection with this application are true, accurate, and complete to the best of my knowledge and belief. I have not entered into any other agreement, written or oral, in connection with this real estate transaction.

The Lender and Other Loan Participants may rely on the information contained in the application before and after closing of the Loan.

 Any intentional or negligent misrepresentation of information may result in the imposition of:

(a) civil liability on me, including monetary damages, if a person suffers any loss because the person relied on any misrepresentation that I have made on this application, and/or

(b) criminal penalties on me including, but not limited to, fine or imprisonment or both under the provisions of Federal law (18 U.S.C. \$5 1001 et sea.).

(2) The Property's Security
The Loan I have applied for in this application will be secured by
a mortgage or deed of trust which provides the Lender a security interest in the property described in this application.

(3) The Property's Appraisal, Value, and Condition

Any appraisal or value of the property obtained by the Lender is for use by the Lender and Other Loan Participants.

The Lender and Other Loan Participents have not made any representation or warranty, express or implied, to me about the property, its condition, or its value,

(4) Electronic Records and Signatures

- The Lender and Other Loan Participants may keep any paper record and/or electronic record of this application, whether or not the Loan is approved.

 If this application is created as (or converted into) an "electronic application", I consent to the use of "electronic records" and nctronic signatures" as the terms are defined in and governed by applicable Federal and/or state electronic transactions laws.

 I intend to sign and have signed this application either using my: (a) electronic signature; or

(b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding

electronic signature.

I agree that the application, if delivered or transmitted to the Lender or Other Loan Participants as an electronic record with my electronic signature, will be as effective and enforceable as a paper application

signed by me in writing.

 The Lender and Other Loan Participants may report information about my account to credit bureaus. Late payments, missed payments, or other defaults on my account may be reflected in my credit report and will likely affect my credit score.

If I have trouble making my payments I understand that I may contact a HUD-approved housing counseling organization for advice about

actions I can take to meet my mortgage obligations.

(6) Authorization for Use and Sharing of Information By signing below, in addition to the representations and agreements made above, I expressly authorize the Lender and Other Loan Participants to obtain, use, and share with each other (i) the loan application and related loan information and documentation, (ii) a consumer credit report on me, and (iii) my tax return information, as necessary to perform the actions listed below, for so long as they have an interest in my loan or its servicing:

(a) process and underwrite my loan:

(b) verify any data contained in my consumer credit report, my loan application and other information supporting my loan application:

(c) inform credit and investment decisions by the Lender and Other Loan Participants:

(d) perform audit, quality control, and legal compliance analysis and reviews:

(e) perform analysis and modeling for risk assessments: (f) monitor the account for this loan for potential delinquencies and determine any assistance that may be available to me; and

(a) other actions permissible under applicable law.

Borrower Signature	Date (mm/dd/yyyy)	_'_	
Additional Borrower Signature	Date (mm/dd/yyyy)	_/_	

If YES, check all that apply: Currently serving on active duty with Currently retired, discharged, or separately retired.	are you currently serving, in the United States Armed Forces? ONOOYE
If YES, check all that apply: Currently serving on active duty with Currently retired, discharged, or separately retired.	
If YES, check all that apply: Currently serving on active duty with Currently retired, discharged, or separately retired.	
☐ Only period of service was as a non-a	arated from service activated member of the Reserve or National Guard
Section 8: Demographic Information. This s	action rate phone value of halding and and
Demographic Information of Borrower	ection and about your entiticity, sax, and race.
disclosure laws. You are not required to provide this information, but "Ethnicity" and one or more designations for "Race." The law provide whether you choose to provide it. However, if you choose not to prove regulations require us to note your ethnicity, sex, and race on the bar	ling, Federal law requires that we ask applicants for their demographic ince with equal credit opportunity, fair housing, and home mortgage at are encouraged to do so. You may select one or more designations for as that we may not discriminate on the basis of this information, or on wide the information and you have made this application in person, Federal sis of visual observation or surname. The law also provides that we may not evide in this application. If you do not wish to provide some or all of this
Ethnicity: Check one or more	Races Check one ar more
☐ Hispanic or Latino	☐ American Indian or Alaska Native - Print name of enrolled
Mexican Puerto Rican Cuban	or principal tribe :
Other Hispanic or Latino – Print origin:	Asian
	Asian Indian Chinese Filipino
For example: Argentinean, Colombian, Dominican, Nicaraguan, Saivadoran, Spanlard, and so on.	☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian – <i>Print race:</i>
□ Not Hispanic or Latino	For example: Hmong, Lactian, Thai, Pakistani, Cambodian, and so
I do not wish to provide this information	☐ Black or African American
	☐ Native Hawaiian or Other Pacific Islander
Sex	□ Native Hawaiian □ Guamanian or Chamorro □ Samoan
☐ Female	Other Pacific Islander - Print race:
Male	For example: Fijian, Tongan, and so on.
l do not wish to provide this information	White
	☐ I do not wish to provide this information
To Be Completed by Financial Institution (for application taken	in personi:
Was the ethnicity of the Borrower collected on the basis of visual ob-	servation or surname? ONO OYES
Was the sex of the Borrower collected on the basis of visual observat Was the race of the Borrower collected on the basis of visual observa	tion or surname? ONO OYES
The Demographic information was provided through:	and of sulfatilities One Oles
O Face-to-Face Interview (Includes Electronic Media w/ Video Compo	nent) O Telephone Interview O Fax or Mail O Email or Internet

Section 9: Loan Originator Information. To be completed by your Lean Originator. Loan Originator Information Loan Originator Organization Name Address Loan Originator Organization NMLSR ID# State License ID# Loan Originator Name Loan Originator NMLSR ID# State License ID# Email Phone () Signature Date (mm/dd/yyyy) / / /

OMB Control No. 2900-0086 Respondent Burden: 15 minutes Expiration Date: 11/30/2022

A VA		
AT	Department of Veterans Affair	E

FOR VAUSE ONLY

MAIL COMPLETED APPLICATION TO

REQUEST FOR A CERTIFICATE OF ELIGIBILITY				CO	COL KET. NO.		JURISDICTION. SEE PAGE 3 FOR REGIONAL LOAN CENTER ADDRESSES.		
IMPORTANT: For faster processing, VA encour an application electronically. In most cases, an e	anes vo	u to visit www	va gov for	our Certi	ficate of El	igibility.			
NOTE: Please read information on page 2 before	complet	ing this form I	fadditional	enace le r	lly.	tanh a sa	manata abasa		
NAME OF VETERAN (First, Middle, Last)	ompie		DATE OF B				SECURITY NUM	RED	
								DEIT	
4A. DID YOU SERVE UNDER ANOTHER NAME?	4B.	NAME(S) USED	DURING MIL	ITARY SE	RVICE (If di	ifferent fre	om name in Item 1)		
YES NO (If "Yes," complete Item 4B)									
5 DAYTIME TELEPHONE NUMBER (Include Area Co	de)	16	EMAIL AD	DRESS (If	applicable)				
7 ADDRESS (Number and street or rural route, city or P.). State	and ZIP Code)							
BA WEDE VOILDISCHARGED BETIRED OF CEDA	74750	FD 011 0 FD 110 F							
8A. WERE YOU DISCHARGED, RETIRED, OR SEPAI	KATED	FROM SERVICE	BECAUSE	F DISABI	LITY?	8B V	A CLAIM NUMBI	ER (If know	wnj
YES NO	25 /25								
MILITARY SERVI	CE (SE	EINSTRUCTI	ONS FOR F	ROOF C	T				
9A. ARE YOU CURRENTLY ON ACTIVE DUTY? YES NO (If you are currently serving on					10000		JRPLE HEART R	ECIPIEN.	17
MPORTANT: Please provide your dates of	active au	ly, leave the Date	Separated" fie	ld blank.)	YES	□ NO)		
service. In many cases eligibility can be established									
based on data in VA systems. However, it is		RANCH OF SERVICE	DATE E	VTERED		ATE	OFFICE		SERVICE NUMBER (If different from
recommended that proof of service be provided, if		SERVICE			SEP	HOLLED	ENLIS	TED	Social Security Number)
readily available. 9C. ACTIVE SERVICE - Do not include any periods									
of Active Duty for Training or Active Guard Reserve									
service. Do include any Reserve or Guard Unit activation under Title 10 U.S.C. or full time National					-				
Guard Duty under Title 10 U.S.C. or full time National Guard Duty under Title 32 U.S.C. Sections 316, 502,			-		-				
503, 504 or 505.									
9D. RESERVE OR NATIONAL GUARD SERVICE Include any periods of Active Duty for Training									
(ADT) or Active Guard Reserve service. Do not					-				
include any Reserve or Guard unit activation under									
Title 10 U.S.C. or Full Time National Guard Duty under Title 32 U.S.C. Sections 316, 502, 503, 504,									
ar 505.									
PREVIOUS VA LOANS (SEE INSTRUCTION	ONS O	THE NEXT PA	AGE - Attacl	a separa	ate sheet if	informa	ation for all hor	nes will	not fit in Item 10)
10A. DO YOU NOW OWN ANY HOME(S) PURCHASE REFINANCED WITH A VA-GUARANTEED LOAN	DOR	10B. DATE OF (Month and	LOAN 10C	STREET	ADDRESS			10D. C	CITY AND STATE
		(Month data	(lear)						
YES (If "Yes," complete Items 10B through 10D)									
NO (If "No." skip to Item 14) NOT APPLICABLE (NA) - I HAVE NEVER OBTAIL				-Steeling				+	
VA-GUARANTEED HOME LOAN (If "N.4." skip to I									
ADE VOLLADOLVINO FOR THE OVE TIME OF									
11A. ARE YOU APPLYING FOR THE ONE-TIME ONL RESTORATION OF ENTITLEMENT TO PURCHA		(Month and		STREET	ADDRESS			11D. C	CITY AND STATE
ANOTHER HOME?									
YES NO (If "Yes," complete Items 11B through	11D)								
2A. ARE YOU APPLYING FOR A RESTORATION OF		12B. DATE OF I	LOAN 12C.	STREET	ADDRESS			12D. C	CITY AND STATE
ENTITLEMENT TO OBTAIN A REGULAR (CASH- REFINANCE ON YOUR CURRENT HOME?	OUT)	(Month and		in a second					
YES NO (If "Yes," complete Items 12B through	ומני								
13A. ARE YOU REFINANCING AN EXISTING VA LOA									
OBTAIN A LOWER INTEREST RATE WITHOUT RECEIVING ANY CASH PROCEEDS (IRRRL)?	010	(Month and		STREET	ADDRESS			13D. C	CITY AND STATE
YES NO (If "Yes," complete Items 13B through									
CERTIFY THAT the statements in this document a	re true :	and complete to	the best of m	y knowled	lge.				
4A SIGNATURE OF VETERAN (Do NOT print)							14B. DATE	SIGNED	
EDERAL STATUTES PROVIDE SEVERE PENALTIES	FOR F	RAUD, INTENTIO	DNAL MISRE	PRESENT	ATION CRI	MINALC	CONNIVANCE OF	CONSD	RACY BURBOSED TO
NFLUENCE THE ISSUANCE OF ANY GUARANTY OR	INSUR	ANCE BY THE S	ECRETARY	OF VETER	RANS AFFAI	RS (e.g.	18 U.S.C. § 100	1, 372 and	(287)
FOR VA USE ONLY							DATE RETU		
REASON(S) FOR RETURN									

23	Department	of	Vetera
		~	

ns Affairs

VERIFICATION OF VA BENEFITS

PRIVACY ACT NOTICE: The 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 5, Code of Federal Regulations 1.576 for routine uses (i.e., information concerning a veteran's indebtedness to the United States by virtue of a person's participation in a benefits program administered by VA may be disclosed to any third party, except consumer reporting agencies) as identified in the VA system records, 55VA26, Loan Guaranty Home, Condominium and Manufactured Home Loan Applicant Records, Specially Adapted Housing Applicant Records and Vendee Loan Applicant Records - VA, and published in the Federal Register. You are required to respend to obtain or retain benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect.

is voluntary. Refusal to provide your SSN by itself will not SSN unless the disclosure of the SSN is required by a Feder	pomitt in the deniet of home	dite The UA .	tall make	comes non Laudinaldana	l benefits for refusing to provide his or her t.		
TO: NAME AND ADDRESS OF LENDER (Complete :		INSTRUCTIONS TO LENDER The veteran/applicant should complete this form ONL if he or she: • is receiving VA disability payments; or • has received VA disability payments; or • would receive VA disability payments but for receipt of retired pay; or • has filed a claim for VA disability benefits prior to discharge from active duty service; or • is surviving spouse of a veteran and in receipt of DIC payments. Complete items 1 through 10. Send the completed for to the appropriate VA Regional Loan Center where will be processed and returned to the Lender. The completed form must be retained as part of the lender loan origination package.					
1. NAME OF VETERAN (First, middle, last)		2. CURRE	DOA TV	RESS OF VET	RAN		
3. DATE OF BIRTH							
4. YA CLAIM FOLDER NUMBER (C-File No., if known)	5. SOCIAL SECURITY	NUMBER	3. SERV Numb	ERVICE NUMBER (If different from Social Security umber)			
7. I HEREBY CERTIFY THAT I DO DO NOT Information (Isted below.	l have a VA benefit-relat	ted indebtedn	ess to n	ny knowledge. I	authorize VA to fumish the		
8.1 HEREBY CERTIFY THAT I HAVE HAVE	E NOT filed a claim for V	/A disability b	enefits _[orlor to discharg	e from active duty service.		
9. SIGNATURE OF VETERAN (Sign in ink)					10. DATE SIGNED		
	FOR VAUSE ONL	Y (Complet	e in ink)	-		
The above named veteran does not have a VA be The veteran has the following VA benefit-related		388					
	A BENEFIT-RELATED IN	NOFETEDNE	20 /16				
TYPE OF DEBT(S)	S ALLES II STEED II	WED I EDITE	200 [1] 0	AMOUNT OF	DERT/S)		
TERM OF REPAYMENT PLAN (If any)							
Veteran is exempt from funding fee due to receipt the funding fee receipt must be remitted to VA	alpt of service-connected with VA Form 28-1820, /	i disability con Report and C	mpensa ertificati	tion of \$ on of Loan Disb	monthly. (Unless checked, ursement)		
Veteran is exempt from funding fee due to entit					rvice.		
Veteran is ned exempt from funding fee due to WILL REQUIRE PRIOR APPROVAL PROCES	receipt of non service-or ISING BY VA.	onnected pen	sion of S	5	monthly. LOAN APPLICATION		
Veteran has been rated incompetent by VA. LC	DAN APPLICATION WIL	L REQUIRE	PRIOR	APPROVAL PR	OCESSING BY VA.		
Insufficient information. VA cannot identify the v DD Form 214 or discharge papers. If on active personnel officer, or commanding officer. The s	duty, furnish a statement	t of service w	ritten or	official governo	nent letterhead, slaned by the ediutent		
SIGNATURE OF AUTHORIZED AGENT (Sign in ink)					SIGNED		
RESPONDENT BURDEN: We need this information to exempt from paying the VA Funding Fee. Title 38, United review the instructions, find the information, and complete displayed. You are not required to respond to a collection Internet Page at www.resinlo.gov/aubite/da/PRAMain.	States Code, allows us to a	sak for this info	mation.	We estimate the	d you will need an average of 5 minutes to		

Œ	Department of	Veterans Affai	rs	CREDITOR	l DIS	CLOSURES	1. PROPERTY IDE	ENTIFIER		
appr	TE: VA is processing mation is being furnish oval or acceptance of t mated by VA, the agent i	ed in compliance wi he proposed transact	th fede	ral law. This	form (does not constitut		DRESS		
3. A	PLICANT NAME AND MAIL	NG ADDRESS					-			
							4. CREDITOR NAI Department of	ME AND I	MAILING ADDRESS S Affairs	
							5. DATE APPLICA	TION PR	OCESSED	_
							6. DATE DISCLOS	URE MA	ILED	_
	7. REAL EST	ATE SETTLEMENT (Numbering corre	PROC	CEDURES ACT	r- GO	OD FAITH ESTI	MATE OF SETTLE	MENT	COSTS	-
	FUNDING FEE PERCE	VTAGE	1	%	1	TAX AND INSUR	ANCE RESERVE DE	POSIT		%
	REQUESTED LOAN (EL	chiding Rehab. Amount)	\$			OTHER (Specify)			\$	~
801	LOAN ORIGINATION FE	EE (Funding Fea)	\$		1102	ABSTRACT OR T	TTLE SEARCH		\$	_
804	CREDIT REPORT		\$		1103				3	_
801	I INTEREST - 30 DAYS @\$ /DAY		\$		1201	RECORDING FE	RECORDING FEES		8	_
	OTHER (Spect(s)		S			OTHER (Specify)			e -	_
NOT	B: The Settlement Costs	pamphlet is enclosed	with th	is estimate if th	a mmn/		a new loon which w	111 be se		_
addit	title to the property. Thi lonal amounts, and you m arged at settlement. Sho Form 1, Settlement State	is estimate does not co may wish to inquire as uld your loan be appro-	over all to the a oved. ac	items you will it mounts of such or rousts will be	be requ other its se deter	tired to pay in cast oms. This estimate mixed based on t	at settlement. You shows the maximum	may be	required to pay other	a
		8. FEDERAL TI	₹UTH-	IN-LENDING A	CT-E	STIMATE OF C	REDIT COSTS			-
ANNL	AL PERCENTAGE RATE	FINANCE CHARG	3E	AMOUNT P	INANC	ED TOTA	L OF PAYMENTS	T	OTAL SALE PRICE	-
COST OF YOUR CREDIT AS A YEARLY RATE DOLLAR AMOUNT CREDIT WILL COST		YOU PROVIDED TO ON YOUR		TO YOU OR YOU BEHALF SCHEDU		IT YOU WILL PAY IF DU MAKE ALL DULED PAYMENTS	TOTAL COST OF YOUR PURCHASE ON CREDIT INCLUDING YOUR DOWNPAYMENT OF			
	%	•		\$		\$		\$		_
				9. PAYMENT	SCH	EDULE				_
IMP(inclu	ORTANT: Payments are to 1/12 of the estimated a	due on the first day of naual property taxes a	the mo	nth, beginning wance.	vith the	second month aft	er settlement. Month	ily loan	installments also will	
A. NU	MBER OF PAYMENTS				B. AM	OUNT OF PAYMEN	(PRINCIPAL AND INT	EREST)		_

DEFINITIONS: The annual percentage rate is an expression of the cost of credit and shows the effect of the prepaid finance charge on the simple interest rate which is stated in the contract documents. The total of payments is equal to the number of payments multiplied by the amount of the payment for principal and interest. The loan amount is equal to the purchase price (contract sale price) including the rehabilitation amount to be escrowed for repairs after sale, minus the downpayment. The amount financed is equal to the loan amount, minus the prepaid finance charge (funding fee and the estimated maximum prepaid interest). The finance charge begins on the settlement date and is equal to the total of payments, minus the amount financed. The total sale price is equal to the downpayment, plus the loan amount and the finance charge.

IMPORTANT INFORMATION: Property insurance may be obtained from any insurer chosen by the borrower, but the creditor reserves the right to reject an insurer for reasonable cause. A security interest in the property will be given by the borrower to the creditor, including security interest to cover any future advances to protect the security. Prepayment of the loan in whole or in part may be made without penalty, but will not result in refund of a paid portion of the finance charge. Partial prepayment may not be less than one installment, or \$100, whichever is less. A late charge of 4 percent of the loan installment will be charged for each loan installment which is received by the creditor more than 15 days after the due date. Assumption of the loan may not be completed without prior written approval by the creditor, its authorized agents, successors or assigns. Please see the contract documents for information concerning nonpayment, default, repayment, and debt acceleration.

23 Department of Veterans Affairs

REQUEST FOR VERIFICATION OF DEPOSIT

Privacy Act Notices The 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 5, Code of Federal Regulations 1,526 for routine uses 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. An example of routine use would be where information may be disclosed to depository institutions to enable them to provide information on assets for purposes of credit underwriting. Your obligation to respond is voluntary but failure to provide requested information could impede processing.

this form.		MBINVC.htm#VA. If desi		INSTRUCTIO					
LENDER OR LO	CAL PROCESSIN	G AGENCY: Complete Iter	ns 1 thr	anala O Mana	Hannel .	eta Item 9 For	want disputies to	the De	
Item 1. DEPOSIT	TORY: Please comp	leto Items 10 through 15 am	d return	DIRECTLY to L	ender or Local I	Processing Ages	cy named in B	em 2,	pository named in
. TO (Nama and A	ddress of Depositor	A		PARTI-REQU					
					ROM (Name end	Accress of Len	ger ar Local Pr	90888Inę	g Agency)
I CERTIFY TH	AT this verification	has been sent directly to the	bank o	r denository and l	has not necesal si	specials the band	e of the smaller		
N. SIGNATURE OF PROCESSING A		CIAL OF LOCAL	4. YITL	E		5. DATE		LEND	ER'S NUMBER (Options
			INFO	TALL TO D	C L ATTOURS				
YPE OF ACCOUN	IT AND/OR LOAN			RMATION TO B		A00010	MARRIES		
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								\$ \$	
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		or mortgage insurance or gu athorized to verify this infor our response is solely a matte							
	10 through 12. Yo	thorized to verify this infor sur response is solely a main	er of cou	utesy for which n		is attached to y		icd abo or any o	ve with the information of your offices.
	10 through 12. Yo	E AND ADDRESS OF APPLI	CANT(S	and to supply the intesy for which n	to responsibility	is attached to y	agency identification	icd abo or any o	ve with the information of your offices.
	10 through 12. Yo	E AND ADDRESS OF APPLIC	CANT(S	entesy for which o	o responsibility	is attached to y	agency identification	icd abo or any o	ve with the information of your offices.
	10 through 12. Yo	E AND ADDRESS OF APPLIE TO BE PART	CANT(S	PLETED BY RIFICATION O	DEPOSITO	is attached to y	agency identification	icd abo or any o	ve with the information of your offices.
roquestod in Items	10 through 12. Yo	E AND ADDRESS OF APPLIE TO BE PART	CANT(S	PLETED BY RIFICATION O CCOUNTS (DEPOSITO	DRY NT(S)	agency identification institution SIGNATURE	OF APP	ve with the information of your offices. PLICANT(8)
requested in Items	8. NAME	TO BE PART 10. DEPO	CANT(S	PLETED BY RIFICATION O CCOUNTS C	DEPOSITO DEPOSI	ORY NT(S) AVERAGE PREVIOUS	agency identification institution SIGNATURE	OF APP	ve with the information of your offices.
requested in Items	8. NAME	TO BE PART 10. DEPO	CANT(S	PLETED BY RIFICATION O CCOUNTS (DEPOSITO DEPOSI	ORY NT(S) AVERAGE PREVIOUS	agency identification institution SIGNATURE	OF APP	ve with the information of your offices. PLICANT(8)
requested in Items	8. NAME	TO BE PART 10. DEPO	CANT(S	PLETED BY RIFICATION O CCOUNTS C CURRENT	DEPOSITO DEPOSI	ORY NT(S) AVERAGE PREVIOUS	agency identification institution SIGNATURE	OF APP	ve with the information of your offices. PLICANT(8)
requested in Items	8. NAME	TO BE PART 10. DEPO ACCOUNT NUM	COM I I - VE SIT A	PLETED BY RIFICATION O CCOUNTS C CURRENT \$ \$ \$ \$	DEPOSITO F DEPOSITO F APPLICA BALANCE	ORY NT(S) AVERAGE PREVIOUS \$ \$ \$ \$	agency identification institution SIGNATURE	OF APP	ve with the information of your offices. PLICANT(8)
TYPE OF	8. NAME	TO BE PART 10. DEPO ACCOUNT NUM	COM I I - VE SIT A	PLETED BY RIFICATION O CCOUNTS C CURRENT \$ \$ \$	DEPOSITO F DEPOSITO F APPLICA BALANCE	ORY NT(S) AVERAGE PREVIOUS \$ \$ \$ \$	agency identification institution SIGNATURE	OF APP	ve with the information of your offices. PLICANT(8)
roquestod in Items	8. NAME	TO BE PART 10. DEPO ACCOUNT NUM 11. LOANS CRIGINAL AMOUNT	COM I II - VE SIT A BER	PLETED BY RIFICATION O CCOUNTS C CURRENT \$ \$ \$ \$	DEPOSITOR F DEPOSITOR F DEPOSITOR F APPLIC BALANCE INSTAL (Monthly)	ORY NT(S) AVERAGE PREVIOUS \$ \$ \$ \$	agency identification institution SIGNATURE	OF APP	ve with the information of your offices. PLICANT(8)
TYPE OF	8. NAME	TO BE PART 10. DEPO ACCOUNT NUM 11. LOANS CRIGINAL AMOUNT	COM I II - VE SIT A BER	PLETED BY RIFICATION O CCOUNTS (CURRENT \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	DEPOSITO F DEPOSITOR F DEPOSITOR F APPLIC BALANCE INSTAL (Monthly)	ORY NT(S) AVERAGE PREVIOUS \$ ANT(S) LMENTS Quarterly) per	agency identification institution 8 GNATURE BALANCE FOR TWO MONTH	OF APP	DATE OPENED NUMBER OF LATE PAYMENTS WITHIN ACT A MATTER WITHIN ACT AND A MATTER WITHIN A MATTER WITHI
TYPE OF	8. NAME	TO BE PART 10. DEPO ACCOUNT NUM 11. LOANS CRIGINAL AMOUNT	COM III-VE SIT A BER	PLETED BY RIFICATION O CCOUNTS (CURRENT \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	DEPOSITO F DEPOSITOR F DEPOSITOR F DEPOSITOR F APPLIC INSTAL (Monthly) \$ \$	ORY NT(S) AVERAGE PREVIOUS \$ ANT(S) LMENTS (Quarterly) per per	agency identification institution 8 GNATURE BALANCE FOR TWO MONTH	OF APP	DATE OPENED NUMBER OF LATE PAYMENTS WITHIN ACT A MATTER WITHIN ACT AND A MATTER WITHIN A MATTER WITHI
TYPE OF	ACCOUNT DATE OF LOAN CORMATION WHICH	TO BE PART 10. DEPO ACCOUNT NUM 11. LOANS CRIGINAL AMOUNT	COM III - VE SIT A BER	PLETED BY RIFICATION O CCOUNTS (CURRENT \$ \$ \$ STANDING CURRENT BALANCE	DEPOSITO F DEPOSITO F DEPOSITO F APPLIC BALANCE INSTAL (Monthly) \$	ORY NT(S) AVERAGE PREVIOUS \$ \$ \$ \$ ANT(S) LMENTS Quarterly) per	BALANCE FO TWO MONT	ied aboor any o	NUMBER OF LATE PAYMENTS WITHIN LAST 12 MONTHS
TYPE OF LOAN NUMBER ADDITIONAL INI In Item 11 above)	ACCOUNT DATE OF LOAN CORMATION WHICH	TO BE PART 10. DEPO ACCOUNT NUM 11. LOANS CRIGINAL AMOUNT \$ \$ 1MAY BE OF ASSISTANCE	COM III-VE SIT A BER SOUT	PLETED BY RIFICATION O CCOUNTS (CURRENT \$ \$ \$ STANDING CURRENT BALANCE	DEPOSITO F DEPOSITO F DEPOSITO F APPLIC BALANCE INSTAL (Monthly) \$	ORY NT(S) AVERAGE PREVIOUS \$ \$ \$ \$ ANT(S) LMENTS Quarterly) per	BALANCE FO TWO MONT	ied aboor any o	NUMBER OF LATE PAYMENTS WITHIN LAST 12 MONTHS

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The completes form is to be transmitted directly to the lender or local processing agency and is not to be transmitted through the applicant or any other party.

$oldsymbol{igwedge}$ Department of Veterans Affairs

REQUEST FOR VERIFICATION OF EMPLOYMENT

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, Code of Federal Regulations 1.576 for routine uses (i.e., information verifying an epplicant's employment may be disclosed to a prospective mortgagee proposing to make a guaranteed loan on the veteran applicant's behalf) as identified in the VA system of records, 35VAZ6, Loan Guaranty Home, Condominium and Manufactured Home Loan Applicant Records, Specially Adapted Housing Applicant Records and Vendee Loan Applicant Records - VA, and published in the Federal Register. Your obligation to respond is voluntary, but failure to provide requested information could impede processing.

Respondent Burden: We need this information to help determine a veteran's qualifications for a VA-guaranteed loan. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 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. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB internet Page at www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-300-827-1000 to get information on where to send comments or suggestions about this form.

Lender or Local Processing Agency (LPA) completes Items 1 through 6 and has the applicant sign in Item 7. Forward the completed form directly to the employer named in Item 1. Employer completes either peats II and IV or parts III and IV. Return the form directly to the lender or local processing agency named in Item 3 of part L. **PART I - REQUEST CERTIFICATION** 1. NAME AND ADDRESS OF EMPLOYER 2. NAME AND ADDRESS OF APPLICANT

3. NAME AND ADDRESS OF LENDER OR LOCAL PRO	CESSING AGENT (LPA)			
I CERTIFY THAT this verification has been sent dir	octly to the employer and has	not passed through the ha	ands of the applicant or any	y other interested party.
4A. SIGNATURE OF LENDER, OFFICIAL OF LPA, OR I	JSDA LOAN PACKAGER	4B. TITLE OF LENDER,	OFFICIAL OF LPA, OR US	DA LOAN PACKAGER
5. DATE	6. VA OR USDA NO.			
I have applied for a mortgage loan or rehabilitation loan and stated that I amiwas employed by you. My signature in the block authorizes verification of my employment information.	7. APPLICANT'S SIGNATI	URE AND EMPLOYEE IDE	ENTIFICATION	
PAI	RT II - VERIFICATION C	OF PRESENT EMPL	OYMENT	
8. PRESENT POSITION 9. DATE OF EMPLOYMENT	10. PROBABILITY OF CON- TINUED EMPLOYMENT	11A. PAID BY:	11B. IS OVERTIM	E/BONUS LIKELY TO CONTINUE?
12. CURRENT ANNUAL MONTHLY	WEEKLY HOURLY	14A. MONT	THLY TAXABLE PAY (For	Military Personnel Only)
Officer (opens)		BASE PAY	CAREER C PAY	PRO PAY
		\$	\$	\$
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$		FLIGHT PAY	OTHER (Specify)	
	i	\$	\$	
S S 1SC. COMMISSION YEAR-TO-DAYE PAST YEAR			LY NONTAXABLE PAY (F	
	i	QUARTERS	VHA	CLOTHING
\$ \$ 13D. BONUSES YEAR-TO-DATE PAST YEAR		\$	\$	\$
e le	1	RATIONS	OTHER (Specify)	
15. REMARKS: IF PAID HOURLY, PLEASE INDICATE A	WEBASE HOUSE WORKED	[2	\$	
	T III - VERIFICATION O			
18. SALARYWAGE AT TERMINATION: BASE P YEARLY MONTHLY WEEKLY \$	\$		COMMISSIONS \$	BONUS \$
THE PERSON NAMED IN COLUMN 1	18. REASONS FOR LEAVING			
FROM TO				
19. POSITION HELD				
PART IV - CERTIFICATION Federal statu conspiracy purposed to influence the issuance of	tes provide severe penalti	les for any fraud, inter to by VA or USDA Adr	itional misrepresentatio	n, or criminal connivance or
20. SIGNATURE	21. TITLE OF	F EMPLOYER	22. EMPLOYER'S T NO. (Include Area	ELEPHONE 23. DATE a Coda)

BORROWER'S CERTIFICATION AND ATHORIZATION

CERTIFICATION

The undersigned certify the following:

- 1. I'We have applied for a direct mortgage loan from the Department of Veterans Affairs. In applying for the loan, I'We completed a loan application various information on the purpose of the loan, the amount and source of the down payments, employment and income information, and assets and liabilities. I'We certify that all of the information is true and complete. I'We made no misrepresentations in the loan application or other documents, nor did I'we omit any pertinent information.
- 2. I/We understand and agree that the Department of Veterans Affairs direct mortgage loan review process is a full documentation program. This includes verifying the information provided on the application with the employer and/or the financial institution.
- 3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statement when applying for this mortgage, as application under the provisions of Title 18, United States Code, Section 1001, et. Seq.

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

- 1. I/We have applied for a direct mortgage loan from the Department of Veterans
 Affairs. As part of the application process, the Department of Veterans Affairs may verify
 information contained in my/our loan application and in other documents required in the
 connection the loan, either before the loan is closed or as part of its quality control/audit.
 I/we agree to cooperate fully with the Department of Veterans Affairs.
- 2. I/We authorize you to provide the Department of Veterans Affairs any and all information and documentation that they request. Such information includes, but is not limited to employment history and income, bank, money market, and similar account balances; credit history; and copies of income tax returns.
- 3. The Department of Veterans Affairs may address this authorization to any party named in the loan application.
- 4. A copy of this authorization may be accepted as an original.
- 5. Your prompt reply to the Department of Veterans Affairs is appreciated.

(Borrower's Signature)	(Social Security Number)
(Borrower's Signature)	(Social Security Number)

22 Department of Veterans Affai		OF VA BENEFIT-RELATED INDEBTEDNESS
PRIVACY ACT INFORMATION: This information request is authorized by Title 38, U.S including the routine uses identified in the VA sy Records, Specially Adapted Housing Applicant R	ion is to be used by the agency collecti .C., Chapter 37. Responses may be dis stem of records, 55VA26, Loan Guarn ecords and Vendee Loan Applicant Re	ing it in determining whether you qualify for the VA lean benefit. This selected outside VA only if the disclosure is authorized under the Privacy Act, ity Home, Condominium and Manufactured Home Loan Applicant cords - VA, published in the Federal Register.
TO: NAME AND ADDRESS OF LENDER		
1. NAME OF VETERAN (First, mkd/le, lest)		INSTRUCTIONS TO LENDER Complete items 1 through 6. Have veteran complete items 7 and 8. Forward to the Finance Officer (24) at the local VA office to determine whether the veteran has any VA benefit-related indebtedness. If a debt is found to exist, the home loan must not be closed until the veteran presents evidence showing that the debt has been cleared or an acceptable repayment plan has been established with VA. After completion by the Finance Officer, this form will be returned to the lender at the address shown. VA Form 26-8937 is a required exhibit to accompany home or manufactured home loans closed on the automatic basis and prior approval submissions. JRRENT ADDRESS OF VETERAN
1. India of Amiliana franchiscon work	2.00	IRRENT ADDRESS OF VETERAN
3. DAYE OF BIRTH		
4. VA CLAIM FOLDER NUMBER (C-File No.)	5. SERVICE NUMBER	18. SOCIAL SECURITY NUMBER
I HEREBY CERTIFY THAT I DO [nformation listed below.	DO NOT have a VA benefit-relat	ed indebtedness to my knowledge. I authorize VA to furnish the
7. SIGNATURE OF VETERAN		8. DATE SIGNED
	FOR VAUSE	ANIV
	FOR VAUGE	UNLY
The above named veteran does not have	ve a VA benefit-related indebtedner	18
The veteran has the following VA benef	fit-related indebtedness	
	VA BENEFIT-RELATED INDI	EBTEDNESS (If any)
TYPE OF DEBT(8	THE RESERVE TO SHARE THE PARTY OF THE PARTY	AMOUNT OF DEBT(S)
	\$	
	\$	
TERM OF REPAYMENT PLAN (# 8ny)		
Veteran is exempt from funding fee of \$ monthly. (Unles Report and Certification of Loan Dist	is checked, the funding fee rece	cted disability compensation of sipt must be remitted to VA with VA Form 26-1820,
Veteran is not exempt from funding to	ee due to receipt of nonservice	-connected pension of LIRE PRIOR APPROVAL PROCESSING BY VA
		I WILL REQUIRE PRIOR APPROVAL PROCESSING
BYVA		
Insufficient information. VA cannot information, or a copy of a DD Form official government letterhead, signe include name, birth date, service nur	nentry the veteran with the into 214 or discharge papers. If on d by the adjutant, personnel off mber, entry date and time lost	mation given. Please furnish more complete active duty, furnish a statement of service written on icer, or commanding officer. The statement should
SIGNATURE OF AUTHORIZED AGENT	DESIGNATION OF STREET, THAT IS NOT THE OWNER.	DATE SIGNED
DECOMPENE PURDENT MA		
a valid Cimb Control Number. Public reporting time for reviewing instructions, searching exis	g burden for this collection of inform ting data sources, gathering and ma ng this burden estimate or any othe	of required to respond to this collection of information unless it displays nation is estimated to average 15 minutes per response, including the sintaining the data needed, and completing and reviewing the collection of aspect of this collection of information, call 1-800-827-1000 for

DEPARTMENT OF VETERANS AFFAIRS HONOLULU REGIONAL OFFICE -459 DEPARTMENT OF VETERANS AFFAIRS VARO (26) P.O. BOX 29020 HONOLULU, HI 96820 - 1420

AUTHORIZATION TO OBTAIN CREDIT REPORT

I authorize the Department of Veterans Affairs (VA) to obtain a consumer credit report on my behalf. The VA will use the credit report to assist in determining my credit worthiness in order to qualify for a Native American Direct Loan. VA will make every effort to process the loan quickly but I understand that subsequent reports may be necessary. Upon request, the VA will provide me with the name and address of the consumer reporting agency contacted to supply the report(s). I understand that the credit inquiries have the potential to impact my credit score but are necessary for me to secure approval of my VA Native American Direct Loan.

Signature	Date	
Veteran Name (Please print)		
Social Security Number		