

 Department of Veterans Affairs		NOTICE OF INTENTION TO FORECLOSE <i>(SUBMIT ORIGINAL ONLY BY CERTIFIED MAIL)</i>				
VA LOAN NUMBER		SERVICER'S LOAN NUMBER	DATE OF THIS NOTICE			
<p>PRIVACY ACT INFORMATION: This information is required by 38 CFR 36.4317 so that VA can make appropriate determininstions about foreclosure and payment of claims, if any,. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the 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 Vende Loan Applicant Records - VA, published in the Federal Register.</p> <p>RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting for this collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, call 1-800-827-1000 for mailing information on where to send your comments.</p>						
To (Complete Regional Office/Center Address) DEPARTMENT OF VETERANS AFFAIRS LOAN GUARANTY DIVISION		1A. HOLDER'S NAME, ADDRESS AND TELEPHONE NUMBER				
1B. NAME AND TELEPHONE NUMBER OF PROPERTY OWNER		1C. SERVICING AGENT'S NAME, ADDRESS AND PHONE NUMBER <i>(Complete only if different from holder shown in Item 1A above)</i>				
2. ORIGINAL VETERAN BORROWER <i>(Name and present or last known address if different from Item 1B)</i>		3A. LOCATION OF PROPERTY	3B. PURPOSE OF LOAN <input type="checkbox"/> HOME (1) <input type="checkbox"/> HOME (5) <i>(Refinancing)</i> <input type="checkbox"/> HOME (0) <i>(Condominium)</i> <input type="checkbox"/> MANUFACTURED HOME (8)			
4. DATE OF FIRST UNCURED DEFAULT	5. POSSIBILITIES OF CURING DEFAULT HAVE BEEN EXHAUSTED? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "NO," explain in Item 12)</i>	6. WERE OTHER TRANSFEREES INVOLVED? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," complete as much as possible of Item 7)</i>				
7. OTHER TRANSFEREE DATA						
NAME	LAST KNOWN ADDRESS	SOCIAL SECURITY NUMBER				
8. REPOSSESSION AND/OR FORECLOSURE DATA						
A. PROCEEDINGS WILL BE INSTITUTED ON OR AFTER <i>(Date)</i>	B. PROCEEDINGS UNDER EMERGENCY PROVISIONS OF 38 CFR 36.4280(E) OR 36.4317(a) WERE INSTITUTED ON <i>(Date)</i>	C. ESTIMATED COST OF FORECLOSURE AND/OR REPOSSESSION	9. UNPAID BALANCE OF LOAN INCLUDING UNPAID ACCRUED INTEREST			
			A. DATE B. AMOUNT			
10. TOTAL AMOUNT OF DELINQUENCY		11. IS DEED IN LIEU OF FORECLOSURE OR VOLUNTARY CONVEYANCE OF THE SECURITY OBTAINABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
A. PRINCIPAL		12. HOLDER'S LOAN SERVICING				
B. INTEREST				A. CONTACT(S) WITH MORTGAGOR	B. SUMMARY OF LOAN SERVICING SINCE NOTICE OF DEFAULT WAS GIVEN	
C. CHARGES <small>(Under 38 CFR 36.4246(a) or 36.4313(a))</small>				TYPE		NUMBER
D. TOTAL DELINQUENCY				LETTER/WIRE		
		FACE TO FACE				
		TELEPHONE				
13. OCCUPANCY DATA						
A. IS PROPERTY OCCUPIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	B. OCCUPANT IS <i>(Check)</i> <input type="checkbox"/> ORIGINAL BORROWER <input type="checkbox"/> TRANSFERREE <input type="checkbox"/> TENANT <input type="checkbox"/> OTHER <i>(Specify)</i> _____					
C. IF VACANT, KEYS TO PROPERTY MAY BE OBTAINED FROM:		D. NAME OF OCCUPANT <i>(If other than original borrower)</i>				
E. IF VACANT, HAVE STEPS BEEN TAKEN TO PROTECT THE PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO						
14. NAME AND TITLE OF AUTHORIZED OFFICIAL <input type="checkbox"/> HOLDER <input type="checkbox"/> SERVICING AGENT		15. SIGNATURE OF AUTHORIZED OFFICIAL				