



NOTICE OF DEFAULT

(Chapter 37, Title 38, U.S.C.)

DATE OF THIS NOTICE	TYPE	VA LOAN NUMBER (NOTE: <i>Loan number must be numeric, 12 digits</i>)	INSTRUCTIONS: Please type or print. Note the special instructions for "VA Loan No." and Items 1-4 and 7, as these entries will be used for VA coding purposes. For 38 CFR 36.4600 Loans, code a "4" in the block titled "TYPE."
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HOLDER'S NOTICE

To (Complete Regional Office/Center Address) DEPARTMENT OF VETERANS AFFAIRS LOAN GUARANTY DIVISION	HOLDER'S NAME, ADDRESS AND TELEPHONE NO. SERVICING AGENT'S NAME, ADDRESS AND TELEPHONE NO. (Complete only if different from holder shown above)	PURPOSE OF LOAN (Check One) <input type="checkbox"/> HOME (1) <input type="checkbox"/> HOME CONDO (0) <input type="checkbox"/> HOME REFIN. (5) <input type="checkbox"/> MANUFACTURED HOME (8) SERVICER CODE (6 Digits)
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DESCRIPTION OF DELINQUENT

NOTE: Enter number only without spaces, dashes, etc. DO NOT ENTER MORE THAN 14 CHARACTERS	1. SERVICER LOAN NO.	2. DATE OF FIRST UNCURED DEFAULT				3A. SOCIAL SECURITY NO. (Present Owner)	
		EXAMPLE: Enter 05 01 93 for May 1, 1993	MONTH	DAY	YEAR		
Enter last name, comma, first name and middle initial	3B. NAME OF PRESENT OWNER		NOTE		5. COUNTY OR PARISH (Property location)		
4. ADDRESS OF PRESENT OWNER (Entries in Items A and B MUST be limited to 25 characters)	A. NUMBER AND STREET OR RURAL ROUTE		Item 3B: Do not enter more than 25 characters in this area		6. PROPERTY ADDRESS (If different than Item 4)		
	B. CITY AND STATE						
	7. DATE OF FIRST PAYMENT (Per loan instruments)		8. ORIGINAL VETERAN'S NAME AND PRESENT ADDRESS (If different than Items 3B and 4 above)			9. AMOUNT OF EACH INSTALLMENT	
EXAMPLE: Enter 06 01 93 for June 1, 1993	MONTH	DAY				YEAR	PRINCIPAL AND INTEREST
				TAX AND INSURANCE			
				OTHER			
				TOTAL	\$		
10. OTHER DEFAULT (Specify, real estate, taxes, insurance, special assessments, etc.)	11. AMOUNT OF DEFAULT		PRINCIPAL	\$		12. INTEREST RATE AND OUTSTANDING LOAN BALANCE	
			INTEREST				
			TAX AND INSURANCE				
			TOTAL	\$			
			A. INTEREST RATE	B. DATE	C. AMOUNT		

HOLDER'S LOAN SERVICING

13. CONTACT(S) WITH MORTGAGOR	TYPE	NUMBER	14. DATES OF PROPERTY INSPECTIONS		15. CONDITION OF PROPERTY	16. PROPERTY OCCUPIED BY	
	LETTER/WIRE					<input type="checkbox"/> ORIGINAL VETERAN	<input type="checkbox"/> TENANT
	FACE TO FACE					<input type="checkbox"/> TRANSFEREE	<input type="checkbox"/> VACANT
	TELEPHONE						
17.	A. MONTHLY INCOME	B. MONTHLY OBLIGATIONS	C. BORROWER'S ATTITUDE TOWARD DEFAULT	D. PLACE OF EMPLOYMENT		E. WORK TELEPHONE NUMBER	F. HOME TELEPHONE NUMBER
BORROWER							
SPOUSE							

18. IS FORBEARANCE WARRANTED?	19. REASON FOR DEFAULT		
20. SUMMARY OF LOAN SERVICING (Must give complete details to support conclusion that forbearance is or is not warranted. Include repayment schedules or other arrangements, etc.)			
21. NAME AND TITLE OF AUTHORIZED OFFICIAL (Type or Print)			22. SIGNATURE OF AUTHORIZED OFFICIAL

PRIVACY ACT INFORMATION: 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 (e.g., to a member of Congress inquiring on behalf of a veteran) as 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, and published in the Federal Register. Your obligation to respond is mandatory under 38 CFR 36.4315, 36.4317 and 36.4330.

RESPONDENT BURDEN: We need this information to determine compliance with the applicable reporting requirements of VA regulations. 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/library/omb/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



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	B. CITY AND STATE	C. ZIP CODE				
7. DATE OF FIRST PAYMENT (Per loan instruments)		8. ORIGINAL VETERAN'S NAME AND PRESENT ADDRESS (If different than Items 3B and 4 above)			9. AMOUNT OF EACH INSTALLMENT	
EXAMPLE: Enter 06 01 93 for June 1, 1993		MONTH	DAY	YEAR	PRINCIPAL AND INTEREST \$ TAX AND INSURANCE \$ OTHER \$ TOTAL \$	
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		TAX AND INSURANCE \$	TOTAL \$	A. INTEREST RATE B. DATE C. AMOUNT		

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