



NOTICE OF INTENTION TO FORECLOSE
 (SUBMIT ORIGINAL ONLY BY CERTIFIED MAIL)

VA LOAN NUMBER	SERVICER'S LOAN NUMBER	DATE OF THIS NOTICE
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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 15 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.

To (Complete Regional Office/Center Address) DEPARTMENT OF VETERANS AFFAIRS LOAN GUARANTY DIVISION	1A. HOLDER'S NAME, ADDRESS, AND TELEPHONE NUMBER
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1B. NAME AND TELEPHONE NUMBER OF PROPERTY OWNER	1C. SERVICING AGENT'S NAME, ADDRESS, AND PHONE NUMBER (Complete only if different from holder shown in Item 1A above)
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2. ORIGINAL VETERAN BORROWER (Name and present or last known address if different from Item 1B)	3A. LOCATION OF PROPERTY	3B. PURPOSE OF LOAN <input type="checkbox"/> HOME (1) <input type="checkbox"/> HOME (5) (Refinancing) <input type="checkbox"/> HOME (0) (Condominium) <input type="checkbox"/> MANUFACTURED HOME (8)
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4. DATE OF FIRST UNCURED DEFAULT	5. POSSIBILITIES OF CURING DEFAULT HAVE BEEN EXHAUSTED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO," explain in Item 12)	6. WERE OTHER TRANSFEREES INVOLVED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," complete as much as possible of Item 7)
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7. OTHER TRANSFEREE DATA		
NAME	LAST KNOWN ADDRESS	SOCIAL SECURITY NUMBER

8. REPOSSESSION AND/OR FORECLOSURE DATA			9. UNPAID BALANCE OF LOAN INCLUDING UNPAID ACCRUED INTEREST	
A. PROCEEDINGS WILL BE INSTITUTED ON OR AFTER (Date)	B. PROCEEDINGS UNDER EMERGENCY PROVISIONS OF 38 CFR 36.4280(e) OR 36.4317(a) WERE INSTITUTED ON (Date)	C. ESTIMATED COST OF FORECLOSURE AND/OR REPOSSESSION	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											
C. CHARGES (Under 38 CFR 36.4246(a) or 36.4313(a))											
D. TOTAL DELINQUENCY											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">A. CONTACT(S) WITH MORTGAGOR</th> <th style="width:50%;">B. SUMMARY OF LOAN SERVICING SINCE NOTICE OF DEFAULT WAS GIVEN</th> </tr> <tr> <th style="text-align: center;">TYPE</th> <th style="text-align: center;">NUMBER</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">LETTER/WIRE</td> <td> </td> </tr> <tr> <td style="text-align: center;">FACE TO FACE</td> <td> </td> </tr> <tr> <td style="text-align: center;">TELEPHONE</td> <td> </td> </tr> </tbody> </table>		A. CONTACT(S) WITH MORTGAGOR	B. SUMMARY OF LOAN SERVICING SINCE NOTICE OF DEFAULT WAS GIVEN	TYPE	NUMBER	LETTER/WIRE		FACE TO FACE		TELEPHONE	
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13. OCCUPANCY DATA	
A. IS PROPERTY OCCUPIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	B. OCCUPANT IS (Check) <input type="checkbox"/> ORIGINAL BORROWER <input type="checkbox"/> TRANSFEREE <input type="checkbox"/> TENANT <input type="checkbox"/> OTHER (Specify) _____
C. IF VACANT, KEYS TO PROPERTY MAY BE OBTAINED FROM:	D. NAME OF OCCUPANT (If other than original borrower)

E. IF VACANT, HAVE STEPS BEEN TAKEN TO PROTECT THE PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	15. SIGNATURE OF AUTHORIZED OFFICIAL
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14. NAME AND TITLE OF AUTHORIZED OFFICIAL <input type="checkbox"/> HOLDER <input type="checkbox"/> SERVICING AGENT	15. SIGNATURE OF AUTHORIZED OFFICIAL
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