

Department of Veterans Affairs LOAN SERVICE REPORT		OFF. JURIS.	OFF. ORIG.	TYPE	LOAN NUMBER	NAME CODE

1. INTERVIEW CONDUCTED <input type="checkbox"/> IN FIELD <input type="checkbox"/> BY PHONE <input type="checkbox"/> IN OFFICE	2. DATE OF INTERVIEW	3. TELEPHONE NUMBER A. HOME _____ B. BUSINESS _____		4. NAME(S) OF PERSON(S) INTERVIEWED
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SECTION I - FINANCIAL INFORMATION

5. PLEASE CHECK THE APPROPRIATE BOX(ES). IF ONE OR MORE ARE CHECKED, THIS REPORT MUST INCLUDE INFORMATION CONCERNING THE BORROWER'S SPOUSE (OR FORMER SPOUSE IF BOX "D" IS CHECKED). IF NO BOXES ARE CHECKED, NO INFORMATION CONCERNING THE SPOUSE NEED BE FURNISHED.

A. THE SPOUSE IS OR WILL BE JOINTLY OBLIGATED WITH THE BORROWER ON THE LOAN
 B. THE BORROWER IS MARRIED AND THE PROPERTY SECURING THE LOAN IS LOCATED IN A COMMUNITY PROPERTY STATE
 C. THE BORROWER IS RELYING ON THE SPOUSE'S INCOME AS A BASIS FOR REPAYMENT OF THE LOAN
 D. THE BORROWER IS RELYING ON ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE PAYMENTS FROM A SPOUSE OR FORMER SPOUSE AS A BASIS FOR REPAYMENT OF THE LOAN

6. NAME AND ADDRESS OF EMPLOYER		7. LENGTH OF EMPLOYMENT	8. TYPE OF WORK	9. MONTHLY EXPENSES	
				A. MORTGAGE PAYMENT \$ _____	
				B. FOOD _____	
10. NAME AND ADDRESS OF SPOUSE'S EMPLOYER		11. LENGTH OF EMPLOYMENT	12. TYPE OF WORK	C. HEATING OIL _____	
				D. GAS _____	
				E. ELECTRIC _____	
13A. NAME AND ADDRESS OF NEXT OF KIN		13B. TELEPHONE NO. OF NEXT OF KIN HOME _____ BUSINESS _____		F. TELEPHONE _____	
				G. TRANSPORTATION _____	
				H. GASOLINE _____	
14. AGE(S) OF OTHER DEPENDENT(S)				I. AUTO INSURANCE _____	
				J. LIFE INSURANCE _____	
				K. MEDICAL _____	
				L. CLOTHING _____	
				M. LOAN (Specify lender) _____	
				N. LOAN (Specify lender) _____	
				O. CREDIT CARD (Co. name) _____	
				P. CREDIT CARD (Co. name) _____	
				Q. MISC.-PERSONAL _____	
15. AVERAGE MONTHLY INCOME FROM ALL SOURCES				R. TOTAL MONTHLY EXPENSES \$ _____	
A. SALARIES (Take-home) \$ _____	B. COMP. OR PENSION \$ _____	C. RENTAL OR OTHER \$ _____	D. TOTAL \$ _____		
16. DISCRETIONARY INCOME					
A. TOTAL MONTHLY INCOME (Item 15D) \$ _____					
B. MINUS TOTAL MONTHLY EXPENSES (Item 9R) - \$ _____					
C. TOTAL MONTHLY DISCRETIONARY INCOME AVAILABLE TO REPAY THE DELINQUENCY \$ _____					
16D. REG. INSTALLMENT \$ _____	16E. TOTAL DELINQUENCY \$ _____	16F. TOTAL DELINQUENCY AS OF (Date)			

17. ASSETS			
A. CASH AVAILABLE (Checking and savings accounts, building and loan accounts, on-hand, etc.)		\$ _____	E. SAVINGS BONDS (Current value) \$ _____
			F. STOCKS AND OTHER BONDS (Current value) _____
B. FURNITURE AND HOUSEHOLD GOODS (Resale value)			G. REAL ESTATE OWNED (Resale value) _____
C. AUTOMOBILES (Resale value)			H. OTHER ASSETS (Itemize)
MAKE	YEAR	MODEL	
D. TRAILERS, BOATS, CAMPER (Resale value)			I. TOTAL ASSETS \$ _____

18. BORROWER'S EXPLANATION OF DELINQUENCY

SECTION II - CERTIFICATIONS (See Privacy Act Information)

I (WE) AFFIRM That the information contained herein is true, correct, and complete to the best of my (our) knowledge and belief.

19A. SIGNATURE OF BORROWER/APPLICANT	19B. DATE	20A. SIGNATURE OF SPOUSE	20B. DATE
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PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of a statement or evidence of a material fact, knowing it to be false.

SECTION III - PROPERTY INFORMATION

21. PROPERTY ADDRESS

22. NO. OF LIVING UNITS

23. MAILING ADDRESS *(If different from Item 21)*

24. GENERAL CONDITION OF PROPERTY

25A. PROPERTY IS *(Check appropriate box)*
 OWNER OCCUPIED VACANT RENTED *(Complete Items 25B, C, and D)*

25B. NAME OF TENANT

25C. AMOUNT OF RENT

25D. RENT PAID TO

26A. MAJOR REPAIRS REQUIRED

26B. ESTIMATED COST

27. YOUR OPINION AS TO CAUSE OF DELINQUENCY

28. DELINQUENCY REGARDED AS
 TEMPORARY PERMANENT

29. DOMESTIC SITUATION

30. PROPOSED REPAYMENT SCHEDULE *(Should be realistic and within borrower's ability to repay)*

31. RECOMMENDATIONS
 FORBEARANCE OTHER *(Explain - Use Item 32, Remarks, if*

32. REMARKS

33. SIGNATURE OF REPRESENTATIVE

34. DATE SIGNED

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 - VA, and published in the Federal Register. Your obligation to respond is voluntary, but without this information VA may be unable to provide financial counseling or assistance in dealing with your mortgage loan holder.

RESPONDENT BURDEN: We need this information to provide financial counseling under Title 38 USC 3732 (a)(4). We estimate that you will need an average of 25 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 1-800-827-1000 to get information on where to send comments or suggestions about this form.