



REQUEST FOR VERIFICATION OF DEPOSIT

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 may be disclosed to depository institutions to enable them to provide information on assets for purposes of credit underwriting) 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 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 5 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.

INSTRUCTIONS

LENDER OR LOCAL PROCESSING AGENCY: Complete Items 1 through 8. Have applicant(s) complete Item 9. Forward directly to the Depository named in Item 1. **DEPOSITORY:** Please complete Items 10 through 15 and return **DIRECTLY** to Lender or Local Processing Agency named in Item 2.

PART I - REQUEST

1. TO (Name and Address of Depository)	2. FROM (Name and Address of Lender or Local Processing Agency)
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I CERTIFY THAT this verification has been sent directly to the bank or depository and has not passed through the hands of the applicant or any other party.

3. SIGNATURE OF LENDER OR OFFICIAL OF LOCAL PROCESSING AGENCY	4. TITLE	5. DATE	6. LENDER'S NUMBER (Optional)
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7. INFORMATION TO BE VERIFIED:

TYPE OF ACCOUNT AND/OR LOAN	ACCOUNT / LOAN IN NAME OF	ACCOUNT/LOAN NUMBER	BALANCE
			\$
			\$
			\$
			\$

TO DEPOSITORY: I have applied for mortgage insurance or guaranty or for a rehabilitation loan and stated that the balance on deposit and/or outstanding loans with you are as shown above. You are authorized to verify this information and to supply the lender or the local processing agency identified above with the information requested in Items 10 through 12. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your offices.

8. NAME AND ADDRESS OF APPLICANT(S)	9. SIGNATURE OF APPLICANT(S)
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TO BE COMPLETED BY DEPOSITORY

PART II - VERIFICATION OF DEPOSITORY

10. DEPOSIT ACCOUNTS OF APPLICANT(S)

TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE	AVERAGE BALANCE FOR PREVIOUS TWO MONTHS	DATE OPENED
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

11. LOANS OUTSTANDING TO APPLICANT(S)

LOAN NUMBER	DATE OF LOAN	ORIGINAL AMOUNT	CURRENT BALANCE	INSTALLMENTS (Monthly/Quarterly)	SECURED BY	NUMBER OF LATE PAYMENTS WITHIN LAST 12 MONTHS
		\$	\$	\$ per		
		\$	\$	\$ per		
		\$	\$	\$ per		

12. ADDITIONAL INFORMATION WHICH MAY BE OF ASSISTANCE IN DETERMINATION OF CREDITWORTHINESS: (Please include information on loans paid-in-full as in Item 11 above)

13. SIGNATURE OF DEPOSITORY OFFICIAL	14. TITLE	15. DATE
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The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The completed 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.