



**DEPARTMENT OF VETERANS AFFAIRS**

Regional Office and Insurance Center

P.O. Box 7208 (VMLI)

Philadelphia, PA 19101

Dear

Our records show that the mortgage on your home is insured under the Veterans Mortgage Life Insurance (VMLI) program. As part of our continuing efforts to provide you with improved service, we would like to know if there have been any recent changes in the status of your mortgage. We would like to remind you that VMLI coverage is automatically terminated when the mortgage is paid in full or when title to the property secured by the mortgage is no longer in your name. Please answer the questions on the reverse, sign and date the form and return it to us.

We appreciate your cooperation in this matter and look forward to hearing from you.

Sincerely,

Chief, Insurance Claims Division

 **Department of Veterans Affairs** **VETERANS MORTGAGE LIFE INSURANCE INQUIRY**

CLAIM NUMBER  
C-

**PRIVACY ACT INFORMATION:** The 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 5, Code of Federal Regulations 1.526 for routine uses identified in the VA system of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records - VA, published in the Federal Register. Your obligation to respond is voluntary, but your failure to provide us the information could impede processing.

**RESPONDENT BURDEN:** We need this information to verify your eligibility for VA Insurance benefits (38 U.S.C. 5902). 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/library/omb/OMBINVC.html#VA](http://www.whitehouse.gov/library/omb/OMBINVC.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

ADDRESS OF MORTGAGED PROPERTY AS SHOWN IN VA RECORDS:	NAME OF MORTGAGE HOLDER AS SHOWN IN VA RECORDS
	MORTGAGE LOAN ACCOUNT NUMBER AS SHOWN IN VA RECORDS

**NOTE:** IF THE NAME OF THE MORTGAGE HOLDER OR THE ACCOUNT NUMBER SHOWN IS INCORRECT, PLEASE ENTER THE CORRECT INFORMATION IN THE SPACE BELOW.

1A. NAME OF CURRENT MORTGAGE HOLDER	1B. CURRENT ACCOUNT NUMBER
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**NOTE:** PLEASE ANSWER THE FOLLOWING QUESTIONS AND, IF YOUR ANSWER IS "YES" TO ANY QUESTIONS IN ITEMS 2 THROUGH 6 SHOW THE DATE OF THAT ACTION IN THE SPACE PROVIDED.

ITEM	YES	NO	DATE
2. HAVE YOU MOVED FROM THE MORTGAGED PROPERTY?	<input type="checkbox"/>	<input type="checkbox"/>	
3. HAVE YOU SOLD THE MORTGAGED PROPERTY?	<input type="checkbox"/>	<input type="checkbox"/>	
4. HAVE YOU PAID OFF YOUR MORTGAGE?	<input type="checkbox"/>	<input type="checkbox"/>	
5. HAVE YOU REFINANCED YOUR MORTGAGE?	<input type="checkbox"/>	<input type="checkbox"/>	
6. HAVE YOU ADDED A SECOND MORTGAGE?	<input type="checkbox"/>	<input type="checkbox"/>	
7. IS THE TITLE TO THE MORTGAGED PROPERTY SHARED WITH ANY ONE OTHER THAN YOUR SPOUSE? (If "Yes," show with whom title is shared in Item 7B)	<input type="checkbox"/>	<input type="checkbox"/>	

7B. NAME OF PERSON WITH WHOM TITLE IS SHARED

8. PLEASE ENTER YOUR CURRENT ADDRESS IF IT IS DIFFERENT THAN THE ADDRESS TO WHICH THIS LETTER WAS SENT

9. SIGNATURE OF MORTGAGE HOLDER	10. DAYTIME TELEPHONE NUMBER	11. DATE SIGNED
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