

Department of Veterans Affairs		OFF. JURIS.	OFF. ORIG.	TYPE	LOAN NUMBER	NAME CODE	
		LOAN SERVICE REPORT					
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			
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.							
<input type="checkbox"/> A. THE SPOUSE IS OR WILL BE JOINTLY OBLIGATED WITH THE BORROWER ON THE LOAN		<input type="checkbox"/> B. THE BORROWER IS MARRIED AND THE PROPERTY SECURING THE LOAN IS LOCATED IN A COMMUNITY PROPERTY STATE		<input type="checkbox"/> C. THE BORROWER IS RELYING ON THE SPOUSE'S INCOME AS A BASIS FOR REPAYMENT OF THE LOAN		<input type="checkbox"/> 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		\$	
10. NAME AND ADDRESS OF SPOUSE'S EMPLOYER		11. LENGTH OF EMPLOYMENT	12. TYPE OF WORK	B. FOOD			
				C. HEATING OIL			
13A. NAME AND ADDRESS OF NEXT OF KIN		13B. TELEPHONE NO. OF NEXT OF KIN HOME _____ BUSINESS _____		D. GAS			
				E. ELECTRIC			
14. AGE(S) OF OTHER DEPENDENT(S)				F. TELEPHONE			
				G. TRANSPORTATION			
15. AVERAGE MONTHLY INCOME FROM ALL SOURCES				H. GASOLINE			
				I. AUTO INSURANCE			
A. SALARIES (Take-home pay) \$	B. COMP. OR PENSION \$	C. RENTAL OR OTHER \$	D. TOTAL \$	J. LIFE INSURANCE			
				K. MEDICAL			
16. DISCRETIONARY INCOME				L. CLOTHING			
				M. LOAN (Specify lender)			
A. TOTAL MONTHLY INCOME (Item 15D)		\$		N. LOAN (Specify lender)			
B. MINUS TOTAL MONTHLY EXPENSES (Item 9R)		- \$		O. CREDIT CARD (Co. name)			
C. TOTAL MONTHLY DISCRETIONARY INCOME AVAILABLE TO REPAY THE DELINQUENCY		\$		P. CREDIT CARD (Co. name)			
16D. REG. INSTALLMENT \$	16E. TOTAL DELINQUENCY \$	16F. TOTAL DELINQUENCY AS OF (Date)		Q. MISC.-PERSONAL			
				R. TOTAL MONTHLY EXPENSES \$			
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, CAMPERS (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
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.							

NOT FOR REPRODUCTION

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 necessary)

32. REMARKS

33. SIGNATURE OF REPRESENTATIVE

34. DATE SIGNED

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 (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 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.