OMB Approved No. 2900-0253 Respondent Burden: 20 Minutes

Department of Veterans Affairs

NONSUPERVISED LENDER'S NOMINATION AND RECOMMENDATION OF CREDIT UNDERWRITER

IMPORTANT: This form is only to be used by nonsupervised lenders when requesting approval of nominations for credit underwriters.

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 (i.e., information may be disclosed to Congress when requested on behalf of a lender) 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. No approval as credit under writer may be made unless a completed application form has been received (38 U.S.C. 3702 and 3710). Your obligation to respond is required to obtain or retain benefit. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of your application. VA will not deny an application for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect

Respondent Burden: We need this information to confirm that lenders' underwriters are qualified to determine that all Title 38, U.S.C., section 3702 and 3710 loans to be closed on an automatic basis meet VA's credit underwriting standards. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 20 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.

QUALIFI recent 3 ye	CATION ears mak	<u>VS</u> : At least 3 years' exing underwriting decisi	ons on V	e in processing, VA loans or a cur	pre-u rrent 1	nderwriting, or under ARU designation from	rwriting ments of the most of the most of the more of	ortgage lo gage Bank	ans with a ters Associ	it least 1 year of the most lation.
				I. APPLICA	NT	S PERSONAL DA	TA			
1. NAME OF (First-Middle		RWRITER-APPLICANT				3. BUSINESS ADDR		4. TELEPHONE		
II. EMPLOYMENT HISTORY										
5. BE	GINNING (Emplo	WITH PRESENT EMF byment history may be li	LOYME! mited to	NT, LIST CHRON	NOLC to sat	OGICALLY ALL EMPLO	OYMENT F	RELATED ments. Se	TO CREDI e "QUALIF	IT UNDERWRITING. FICATIONS")
DATES OF EMPLOYMENT		POSITION TITLE A			E AND ADDRESS F EMPLOYER		% OF TIME DEVOTED TO UNDERWRITING BY TYPE			CONTACT PERSON AT EMPLOYER (Give name, title, and
FROM	TO						VA	FHA	CON	phone number)
III. UNDERWRITER-APPLICANT'S STATEMENT AND CERTIFICATION										
6. I AM CURRENTLY DESIGNATED AS AN ACCREDITED RESIDENTIAL UNDERWRITER BY THE MBA										
YES NO (If "Yes," provide evidence of current ARU designation)										
I CERTIFY THAT the foregoing is true to the best of my knowledge. I agree that I will not use any publicity, advertising plaques, certificates, or other devices which imply a special relationship with the Department of Veterans Affairs.										
7A. SIGNATURE OF UNDERWRITER-APPLICANT										7B. DATE
IV. LENDER'S STATEMENT AND CERTIFICATION										
WE HEREBY NOMINATE the above named employee to act as our VA underwriter. The nominee has demonstrated a high level of integrity, trust, professional ethics and technical ability as an underwriter. Based on the qualifications established by VA, we find the nominee to be qualified. We certify the nominee is not supervised by an individual who is a branch manager or other person with production responsibilities. We, the undersigned, agree to promptly notify the VA regional office having jurisdiction to any change in the status of the nominee.										
8A. SIGNATURE OF PRINCIPAL OFFICER OF LENDER				1DER	8B. T	TITLE				8C. DATE
FOR VA USE ONLY										
APPROVAL ACCEP DECLIN		REASON FOR DECLINA	TION							
UNDERWRITER NO. SIGNATURE OF REVIEWER								DATE		