Department of Veterans Affairs				NONSUPERVISED LENDER'S NOMINATION AND RECOMMENDATION OF CREDIT UNDERWRITER								
	This form is only											
Regulations 1.576 fo Condominium and M approval as credit un us your SSN account SSN unless the discle <b>Respondent Burden</b> standards. Title 38, U this form. VA cannot <u>www.reginfo.gov/pu</u>	r routine uses (i.e., info lanufactured Home Loa derwriter may be made information is voluntar osure of the SSN is requ : We need this informat united States Code, allo	rmation may be an Applicant Re unless a compl- ry. Refusal to pr uired by a Feder tition to confirm ws us to ask for collection of info desired, you car	disclosed to Congres cords, Specially Adap eted application form ovide your SSN by it al Statute of law in eff that lenders' underwr this information. Wo prmation unless a vali a call 1-800-827-1000	ss when pted Hoy has bee tself wil ffect pri- titers are e estima id OMB ) to get i	requested on using Applica en received (3 Il not result in for to January e qualified to d ate that you was control numb information o	behalf of a lender, nt Records and Vo 8 U.S.C. 3702 and the denial of your 1, 1975, and still i determine that all ill need an average ber is displayed. Vo n where to send co	) as identifi endee Loar 1 3710). Yc r applicatio in effect. loans to be e of 20 min Valid OMB omments of	ied in the VA a Applicant R our obligation n. VA will no closed on an utes to review control num r suggestions	system of re lecords - VA, to respond is ot deny an ap automatic ba w the instruct bers can be le about this fo	cords, 55VA , and publishd s required to plicant for re usis meet VA ions, find the ocated on the rm.	e information, and complete OMB Internet Page at:	
	aking underwritin										ear of the most	
			I. APP	PLICA	ANT'S PI	ERSONAL	DATA					
1. NAME OF UNDERWRITER-APPLICANT [2. SOCIAL (First-Middle-Last)				OCIAL SECURITY NUMBER 3. BUSINESS ADDRESS								
4A. TELEPHONE NUMBER (Include Area Code) 4B. E-MAIL				E-MAIL ADDRESS (If applicable)								
			II.	EMP	PLOYME		RY					
	NNING WITH PRE Employment histo		nited to period su	ifficien	t to satisfy		erience r					
DATE EMPLC	DATES OF EMPLOYMENT POSITIO		N TITLE AND		NAME AND ADDRESS	6		ME DEVO VRITING E		CONTACT PERSON AT EMPLOYER		
FROM	то	- PRINCIF	PAL DUTIES		OF EMPLOYER			VA	FHA	CON	(Give name, title, and phone number)	
	III	I. UNDER	WRITER-APP	PLIC	ANT'S S	TATEMENT		CERTIF		N		
	NTLY DESIGNATE		CCREDITED RES			ERWRITER B	BY THE N	/IBA				
I CERTIFY T	HAT the foregoi	ing is true t	o the best of m	y kno	wledge. I	agree that I e Departmen	will not at of Vet	use any erans Af	publicity	, advertis	ing plaques,	
7A. SIGNATURE OF UNDERWRITER-APPLICANT								7B. D	7B. DATE			
		ľ	V. LENDER'S	STA	TEMEN		RTIFIC	ATION				
integrity, trust nominee to be production res the status of th		hics and teo ertify the n e, the unde	chnical ability a ominee is not s rsigned, agree t	as an superv to pro	underwrit vised by a omptly not	er. Based on n individual	the qua who is a	lification a branch i	s establis manager	shed by V or other p sdiction t	A, we find the person with o any change in	
8A. SIGNATURE OF PRINCIPAL OFFICER OF LENDER					8B. TITLE						8C. DATE	
				FO	R VA US	SE ONLY						
APPROVAL		FOR DECLIN	ATION									
		IRE OF REVIE	WER							DATE		
		INC OF REVIE								DATE	-	
VA FORM 26_8	726-	SL	JPERSEDES VA FO	ORM 20	6-8736a, JAI	N 2013,						