OMB Control No. 2900-0715 Respondent Burden: 5 Minutes Expiration Date: XX/XX/XXXX

Department of Veterans Affairs

SERVICER'S STAFF APPRAISAL REVIEWER (SAR) APPLICATION

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 (for example: Authorize release of information to Congress when requested on how many Servicers and/or SARs are participating in SAPP) as identified in the VA system of records, 17VA26, Loan Guaranty Fee Personnel and Program Participant Records - VA, and published in the Federal Register. Your obligation to respond is mandatory. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under 38 U.S.C. 3702(d). VA will not deny an individual benefits 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 determine your acceptability to participate in the VA Servicer Appraisal Processing Program (SAPP) as a Service Staff Appraisal Reviewer (SAR), 38 U.S.C. 3702(d) and 38 CFR 36.4344. 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.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments

of suggestions about this form.			
IMPORTANT: Please type or print. Your answers must be l	egible.		
SECTION I - STAFF APPRAISAL REVIEWER (SAR) NOMINEE			
1. NAME OF NOMINEE (First, middle, last)		2. SOCIAL SECURITY NUMBER	
3. RESIDENTIAL ADDRESS (Number and street or rural route, city or P	.O., State, and ZIP Code)		
4. BUSINESS NAME AND ADDRESS WHERE SAR IS LOCATED (N	umber and street or rural route, city or P.O., Si	ate, and ZIP Code)	
5. BUSINESS TELEPHONE NUMBER (Include Area Code) 6. 10-D	DIGIT VA SERVICER ID FOR OFFICE WHE	ERE REVIEWER IS LOCATED	
7. E-MAIL ADDRESS 8. 10-D	8. 10-DIGIT VA LENDER ID FOR ASSOCIATED VA LENDER		
PREVIOUS APPROVAL: If I was previously approved number assigned was DISCLOSURE OF SANCTIONS: I have not been suspe or State entity or any professional organization. I am problem regarding this disclosure has been submitted tattached. CONFLICTS OF INTEREST: As a SAPP Staff Appra appraisal review services for any other lender and may nepursuits that might be considered by VA to be a conflict of APPRAISAL REVIEW EXPERIENCE: As indicated in Direct Endorsement participation, I have the requisite expended in accordance with the requirements in chapter influence is to be exerted on the appraiser to remove or clear to property.	by VA as either a SAPP or LAPP State— Inded, debarred, or had a similar sanct not aware of any unresolved investigato VA, and a letter from VA indicate isal Reviewer, I understand that I must be on the VA fee panel. I agree to of interest. The attached resume, statement of we be reience outlined in chapter 18 of the VA is staff appraisal reviews made for VA is staf	ion taken against me by any Federal gation involving me. Any potential ing that the problem is resolved is ay not be employed by or perform report to VA any private interests or ork experience, or evidence of HUD /A Lender's Handbook. A loan liquidation purposes must be I also understand that no pressure or	
I CERTIFY THAT my signature below affirms that the infor accurate and true, to the best of my knowledge.	mation I am providing in all of the abo	ove statements and certifications are	
9. SIGNATURE OF STAFF APPRAISAL REVIEWER		10. DATE SIGNED	

SECTION II - OFFICER RESPONSIBLE FOR QUALITY OF APPRAISAL REVIEWER'S WORK		
11. NAME AND TITLE (First, middle, last)		
12. BUSINESS NAME AND ADDRESS (Number and street or rural route, city or P.O., State, and ZIP Code)		
13. BUSINESS TELEPHONE NUMBER (Include Area Code)		
SECTION III - SENIOR OFFICER OF COMPANY		
SENIOR OFFICER'S STATEMENTS AND CERTIFICATIONS:		
STAFF APPRAISAL REVIEWER NOMINATION: The nominee is a full-time salaried employee authorized to act on our behalf as a Staff Appraisal Reviewer. Based on our personal interview with review of the nominee's appraisal-related capabilities and performance, we find the nominee to be Reviewer in accordance with the requirements in chapter 18 of the VA Lender's Handbook. We acl any improper actions of the nominee as a Staff Appraisal Reviewer shall be imputed to the employer the appropriate VA office(s) if we ever change or limit this recommendation, or terminate our relations.	n the nominee and a thorough qualified as a Staff Appraisal knowledge the responsibility that er. We agree to promptly notify	
PROCESSING FEE: The \$100 processing fee for this nominee is attached.		
PROPERTIES ALREADY VALUED: Unless VA grants authorization for a specific case, this com an appraisal for a property that already has a valid value determination for VA liquidation purposes		
NO APPRAISAL REVIEWS FOR/FROM OTHER LENDERS/SERVICES: Although <u>appraisal re</u> one lender or servicer to another, this company will not make VA <u>value determinations</u> for other m determination for VA loan liquidation purposes that was made by another mortgage lender or servi	ortgage lenders, nor use a value	
NO PRESSURE/INFLUENCE ON FEE APPRAISER OR STAFF APPRAISAL REVIEWER: The pressure or influence on the Fee Appraiser or Staff Appraisal Reviewer to remove or change appraise reach a predetermined value for a property.		
QUALITY CONTROL SYSTEM: This company has an effective quality control or other system to of its staff appraisal reviews. That system contains all of the basic elements identified in chapter 18	1 1 1	
I CERTIFY THAT my signature below affirms that the information I am providing in all of the above accurate and true, to the best of my knowledge.	e statements and certifications are	
14. SIGNATURE AND TITLE OF SENIOR OFFICER	15. DATE SIGNED	