



## NOTICE OF DEFAULT

(Chapter 37, Title 38, U.S.C.)

|                     |      |   |   |
|---------------------|------|---|---|
| DATE OF THIS NOTICE | TYPE | VA LOAN NUMBER (NOTE: Loan number must be numeric, 12 digits) | INSTRUCTIONS: Please type or print. Note the special instructions for "VA Loan No." and Items 1-4 and 7, as these entries will be used for VA coding purposes. For 38 CFR 36.4600 Loans, code a "4" in the block titled "TYPE". |
|---------------------|------|---|---|

### HOLDER'S NOTICE

|   |  |   |
|---|--|---|
| To (Complete Regional Office/Center Address)<br><b>DEPARTMENT OF VETERANS AFFAIRS<br/>         LOAN GUARANTY DIVISION</b> | HOLDER'S NAME, ADDRESS AND TELEPHONE NO.<br><br>SERVICING AGENT'S NAME, ADDRESS AND TELEPHONE NO. (Complete only if different from holder shown above) | PURPOSE OF LOAN (Check one)<br><input type="checkbox"/> HOME (1)<br><input type="checkbox"/> HOME CONDO (0)<br><input type="checkbox"/> HOME REFIN. (5)<br><input type="checkbox"/> MANUFACTURED HOME (8)<br>SERVICER CODE (6 Digits) |
|---|--|---|

### DESCRIPTION OF DELINQUENT

|   |                                     |   |  |  |  |      |
|---|-------------------------------------|---|--|--|--|------|
| NOTE: Enter number only without spaces, dashes, etc. DO NOT ENTER MORE THAN 14 CHARACTERS | 1. SERVICER LOAN NO.                | 2. DATE OF FIRST UNCURVED DEFAULT   |  |  | 3A. SOCIAL SECURITY NO. (Present Owner)        |      |
|   |                                     | EXAMPLE: Enter 05 01 93 for May 1, 1993.  | MONTH  | DAY  | YEAR   |      |
| Enter last name, comma, first name and middle initial                                     | 3B. NAME OF PRESENT OWNER           |   | NOTE<br>Item 3B: Do not enter more than 25 characters in this area |  | 5. COUNTY OR PARISH (Property Location)        |      |
| 4. ADDRESS OF PRESENT OWNER (Entries in Items A and B MUST be limited to 25 characters)   | A. NUMBER AND STREET OR RURAL ROUTE |   |  |  | 6. PROPERTY ADDRESS (If different than Item 4) |      |
|   | B. CITY AND STATE                   |   |  |  |  |      |
| 7. DATE OF FIRST PAYMENT (Per loan instruments)   |                                     | 8. ORIGINAL VETERAN'S NAME AND PRESENT ADDRESS (If different than Items 3B and 4 above) |  |  | 9. AMOUNT OF EACH INSTALLMENT                  |      |
| EXAMPLE: Enter 06 01 93 for June 1, 1993  | MONTH                               |   |  |  | DAY  | YEAR |
| 10. OTHER DEFAULT (Specify, real estate, taxes, insurance, special assessments, etc.)     |                                     | 11. AMOUNT OF DEFAULT   |  | 12. INTEREST RATE AND OUTSTANDING LOAN BALANCE |  |      |
|   |                                     |   |  | PRINCIPAL \$                                   | A. INTEREST RATE      B. DATE      C. AMOUNT   |      |
|   |                                     |   |  | INTEREST                                       |  |      |
|   |                                     |   |  | TAX AND INSURANCE                              |  |      |
|   |                                     | TOTAL \$  |  |  |  |      |

### HOLDER'S LOAN SERVICING

|                               |                   |                        |                                       |                           |   |                                 |
|-------------------------------|-------------------|------------------------|---------------------------------------|---------------------------|---|---------------------------------|
| 13. CONTACT(S) WITH MORTGAGOR | TYPE              | NUMBER                 | 14. DATES OF PROPERTY INSPECTIONS     | 15. CONDITION OF PROPERTY | 16. PROPERTY OCCUPIED BY                  |                                 |
|                               | LETTER/WIRE       |                        |                                       |                           | <input type="checkbox"/> ORIGINAL VETERAN | <input type="checkbox"/> TENANT |
|                               | FACE TO FACE      |                        |                                       |                           | <input type="checkbox"/> TRANSFEREE       | <input type="checkbox"/> VACANT |
| 17.                           | A. MONTHLY INCOME | B. MONTHLY OBLIGATIONS | C. BORROWER'S ATTITUDE TOWARD DEFAULT | D. PLACE OF EMPLOYMENT    | E. WORK TELEPHONE NO.                     | F. HOME TELEPHONE NO.           |
| BORROWER                      |                   |                        |                                       |                           |   |                                 |
| SPOUSE                        |                   |                        |                                       |                           |   |                                 |

|                               |                        |
|-------------------------------|------------------------|
| 18. IS FORBEARANCE WARRANTED? | 19. REASON FOR DEFAULT |
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| 20. SUMMARY OF LOAN SERVICING (Must give complete details to support conclusion that forbearance is not warranted. Include repayment schedules or other arrangements, etc.) |
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|   |                                      |
|---|--------------------------------------|
| 21. NAME AND TITLE OF AUTHORIZED OFFICIAL (Type or Print)                   | 22. SIGNATURE OF AUTHORIZED OFFICIAL |
| <input type="checkbox"/> HOLDER<br><input type="checkbox"/> SERVICING AGENT |                                      |

**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 (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 mandatory under 38 CFR 36.4315, 36.4317.

**RESPONDENT BURDEN:** We need this information to determine compliance with the applicable reporting requirements of VA regulations. 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.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.