



VETERANS MORTGAGE LIFE INSURANCE- CHANGE OF ADDRESS STATEMENT

PRIVACY ACT INFORMATION: The 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 5, Code of Federal Regulations 1.526 for routine uses identified in the VA system of records, 36VA29, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records - VA, published in the Federal Register. Your obligation to respond is voluntary, but your failure to provide us the information could impede processing.

RESPONDENT BURDEN: We need this information to determine your eligibility for VA Insurance benefits (38 U.S.C. 5902). 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 or suggestions about this form.

**INSTRUCTIONS: After completing and signing this form, please mail to the VA REGIONAL OFFICE AND INSURANCE CENTER
P.O. BOX 7208 (VMLI), PHILADELPHIA, PA 19101.**

1. VETERAN'S NAME		2. CLAIM NUMBER	
3. ADDRESS OF MORTGAGED PROPERTY		4A. HAVE YOU SOLD, OR OTHERWISE DISPOSED OF TITLE TO THE PREVIOUS HOUSING UNIT FOR WHICH VMLI WAS GRANTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
		4B. DATE THE RESIDENCE WAS SOLD	
5. DO YOU OCCUPY THE RESIDENCE AT THE ADDRESS SHOWN ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO		6. AMOUNT OF FINAL PAYOFF OF THE MORTGAGE LOAN WAS:	
7A. NAME AND ADDRESS OF THE LAST MORTGAGE HOLDER		7B. LOAN ACCOUNT NUMBER OF LAST MORTGAGE HOLDER	
8. I HAVE PURCHASED A HOME TO BE USED AS MY RESIDENCE. I WOULD LIKE TO APPLY FOR VETERANS MORTGAGE LIFE INSURANCE IN CONNECTION WITH MY NEW MORTGAGE, PLEASE SEND AN APPLICATION <input type="checkbox"/> YES <input type="checkbox"/> NO			
9. IF THIS FORM DOES NOT APPLY TO YOUR CIRCUMSTANCES, PLEASE EXPLAIN THE REASON FOR THE CHANGE OF ADDRESS IN THE SPACE BELOW:			
10. SIGNATURE OF VETERAN		11. DATE SIGNED	