					Respo	Control No.: 2900-0851 ondent Burden: 30 minutes ation Date: XX/XX/XXXX	
M Departme	nt of Veterans A	Affairs	STATUS OF LO	OAN ACCOUN	IT - FORECLOS		
INSTRUCTIONS: Com	plete all applicable items		required, attach a separa			The date in Item 1 is the	
applicable cutoff per 38 0	CFR 36.			NOTE: LOAN N	UMBER MUST BE N	IUMERIC, 12 DIGITS	
			VA LOAN NO.:	,			
CURRENT OWNER:				ORIGINAL VETERAN:			
ORIGINAL LOAN AMOUNT:				PERCENT OF GUARANTY:			
TERM OF LOAN:				P & I:			
DATE OF FINAL DISBURSEMENT: D.					ATE OF FIRST PAYMENT:		
PROPERTY ADDRES	SS						
		ITEM					
		1. PRINCIPAL					
AN UNPAID PRINCIPA	AL.				DATE	AMOUNT \$	
		2. INTEREST					
A. UNPAID INTEREST ("From" is the Interest Collected Date and "To" is the Cutoff Date)					FROM: TO:	\$	
B. INTEREST BUYDOWN TO OBTAIN A NET VALUE					DATE APPLIED	\$	
3. AMOUNT IN TAX A	AND INSURANCE AC	COUNT (If other than	a positive balance, show	, "0" and list advan	nces in Item 6)	\$	
4. OTHER CREDITS (e.g., unearned add-on interest or discount, amount in receiver's rent account, unapplied interest, buydown funds escrowed at origination, credits applied by the holder in order to obtain a net value from VA, hazard insurance proceeds, etc.)					DATE	AMOUNT \$	
5. ACTUAL FORECLO			<u> </u>	TE OF FORECLO	SURE (Itemize)	<u>1</u>	
DESCRIPTION					PAYMENT DATE	AMOUNT PAID	
						\$	
						\$	
6. ANY OTHER CHAPPRESERVATION COS	RGES LEGALLY CHA STS PAID OR WHICH	RGEABLE TO MORT WILL BE PAID PRIO	rgagor inluding <sup>-</sup> IR to date of fori	ΓΑΧ/INSURANCE ECLOSURE (Item	: ADVANCES AND P ize)	ROPERTY	
DESCRIPTION					PAYMENT DATE	AMOUNT PAID	
						\$	
						\$	
						\$	
7. TOTAL INDEBTED	NESS AT FORECLOS	SURE (Or other liquidation	ns/cutoff date) (Sum of Items	2A, 5 and 6 less sum of	Items 2B, 3 and 4)	\$	
8. STATUS OF PROP	ERTY TAXES						
TYPE TAX	DATE LAST PAID	ANNUAL AMOUNT	PERIOD COVERE	D NAME OF	OF TAX AUTHORITY ACCOUNT NO.		
COUNTY							
CITY							
SCHOOL							
OTHER TAX							
OTHER TAX							

## 9. WATER AND SEWER CHARGES AND SPECIAL ASSESSMENTS

AMOUNT	DATE LAST PAID	TYPE	PERIOD COVERED

10. NAME, ADDRESS AND TELEPHONE NUMBER OF HOLDER

11. SIGNATURE AND TITLE OF LENDING INSTITUTION OFFICIAL (Sign in ink) 12. DATE **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, CFR 1.576 for routine uses (for example: authorized release of information to Congress when requested for statistical purposes) 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, published in the Federal Register. Your obligation to respond is required to in order to determine your eligibility for a Specially Adapted Housing grant.

**RESPONDENT BURDEN:** We need this information to determine or verify your eligibility for a grant for specially adapted housing. Title 38, U.S.C. 2101(a) or 2101(b), allows us to ask for this information. We estimate that you will need an average of 30 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. Valid OMB control numbers can be located on the OMB Internet Page at <a href="https://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.