



NOTICE OF DEFAULT AND INTENTION TO FORECLOSE

INSTRUCTIONS: See Privacy Act Information on reverse. Type or print. Note the special instructions for Items 2, 7, 10 and 14. For 38 CFR 36.4600 loans use VA Form 26-6850, NOTICE OF DEFAULT. Return copy 1 to VA. Copy 2 may be retained.

1. DATE OF THIS NOTICE	NOTE: VA LIN (loan identification number) must be numeric 12 digits.	2. VA LIN	3. PURPOSE OF LOAN (<i>Check one</i>)		
			<input type="checkbox"/> HOME (1)	<input type="checkbox"/> HOME REFINANCING (5)	
			<input type="checkbox"/> HOME CONDO (0)	<input type="checkbox"/> MANUFACTURED HOME (8)	
4. To (<i>Complete Regional Office/Center Address</i>) DEPARTMENT OF VETERANS AFFAIRS LOAN GUARANTY DIVISION			5. HOLDER'S NAME, ADDRESS AND TELEPHONE NUMBER		
			6A. SERVICING AGENT'S NAME, ADDRESS AND TELEPHONE NUMBER (<i>Complete only if different from holder shown above</i>)		6B. SERVICER CODE (6 Digits)

DESCRIPTION OF DELINQUENT LOAN

NOTE: Enter number only without spaces, dashes, etc. DO NOT ENTER MORE THAN 14 CHARACTERS		7. SERVICER LOAN NUMBER	8. DATE OF FIRST UNCURED DEFAULT (<i>Example: enter 02 01 86 for February 1, 1986</i>)	MONTH	DAY	YEAR	9. SOCIAL SECURITY NO. (<i>Present Owners</i>)			
NOTE: In item 10A enter last name, comma, first name, and middle initial. Limit entries in Items 10A, 10B and 10C to not more than 25 characters.		10A. NAME OF PRESENT OWNER		11. COUNTY OR PARISH (<i>Property Location</i>)						
		10B. NUMBER AND STREET OR RURAL ROUTE		12. PROPERTY ADDRESS (<i>If different than 10B and 10C</i>)						
		10C. CITY AND STATE		10D. ZIP CODE		13. AMOUNT OF EACH INSTALLMENT				
14. DATE OF FIRST PAYMENT (<i>Per loan instruments</i>)		15. ORIGINAL VETERAN'S NAME AND PRESENT ADDRESS (<i>If different than Items 10A, 10B and 10C above</i>)			PRINCIPAL AND INTEREST		\$			
EXAMPLE: Enter 02 01 86 for February 1, 1986					TAX AND INSURANCE					
					OTHER					
				TOTAL		\$				
				18. OUTSTANDING LOAN BALANCE						
16. OTHER DEFAULT (<i>Specify, real estate, taxes, insurance, special assessments, etc.</i>)		17. AMOUNT OF DEFAULT		PRINCIPAL		\$				
				INTEREST						
				TAX AND INSURANCE						
				TOTAL		\$				
				A. AS OF: (<i>Date</i>)		B. AMOUNT				
						\$				
19. OCCUPANCY DATA										
A. IS PROPERTY OCCUPIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		B. OCCUPANT IS (<i>Check One</i>) <input type="checkbox"/> TENANT <input type="checkbox"/> OTHER (<i>Specify</i>) <input type="checkbox"/> ORIGINAL BORROWER <input type="checkbox"/> TRANSFEREE		C. KEYS TO PROPERTY MAY BE OBTAINED FROM: (<i>If vacant</i>)						
D. IF VACANT, HAVE STEPS BEEN TAKEN TO PROTECT PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO		E. POSSIBILITIES OF CURING DEFAULT HAVE BEEN EXHAUSTED? <input type="checkbox"/> YES <input type="checkbox"/> NO (<i>If "No," explain in Item 27</i>)		F. WERE OTHER TRANSFEREES INVOLVED? <input type="checkbox"/> YES <input type="checkbox"/> NO (<i>If "Yes," complete Item 20</i>)						
20. OTHER TRANSFEREE DATA		A. NAME		B. LAST KNOWN ADDRESS		C. NAME		D. LAST KNOWN ADDRESS		
21. REPOSSESSION AND/OR FORECLOSURE		A. PROCEEDINGS WILL BE INSTITUTED ON OR AFTER (<i>Date</i>)		B. PROCEEDINGS UNDER EMERGENCY PROVISIONS OF 38 CFR 36.4280(e) or 36.4317(A) WERE INSTITUTED ON (<i>Date</i>)		C. ESTIMATED COST OF FORECLOSURE AND/OR REPOSSESSION		22. VOLUNTARY CONVEYANCE DATA (<i>Is deed in lieu of foreclosure or voluntary conveyance of the security obtainable</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO		

HOLDERS LOAN SERVICING

23. CONTACT(S) WITH MORTGAGOR	TYPE		NUMBER		24. DATES OF PROPERTY INSPECTIONS	25. CONDITION OF PROPERTY			
	LETTER/WIRE								
	FACE TO FACE								
TELEPHONE									
26. BORROWER	A. MONTHLY INCOME	B. MONTHLY OBLIGATIONS	C. ATTITUDE TOWARD DEFAULT			D. PLACE OF EMPLOYMENT		E. WORK TELEPHONE NO.	F. HOME TELEPHONE NO.
SPOUSE									
27. REASON FOR DEFAULT AND SUMMARY OF LOAN SERVICING (<i>Must give complete details to support conclusion that forbearance is not warranted. Include description of broken repayment schedules or other arrangements, etc.</i>) (<i>If additional space is needed, continue on reverse</i>)									
28. NAME AND TITLE OF AUTHORIZED OFFICIAL (<i>Type or Print</i>)					<input type="checkbox"/> HOLDER <input type="checkbox"/> SERVICING AGENT		29. SIGNATURE OF AUTHORIZED OFFICIAL		

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. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.