



In Reply Refer To:

VA Loan Number:

Your Loan Number:

The above loan was reported to us on _____ as being in default. Please complete the information requested below as to the current arrangements for reinstatement, or date of cure, or status of legal actions.

We will appreciate your prompt cooperation in this matter.

OMB Approved No. 2900-0021
 Respondent Burden: 10 minutes
 Expiration Date: XX-XX-XXXX

PRESENT STATUS OF LOAN								
<p>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 (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 and 36.4330.</p> <p>RESPONDENT BURDEN: We need this information to determine the status of the loan and compliance with VA regulations. We estimate that you will need an average of 10 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.</p>								
DATE OF FIRST UNCURED DEFAULT	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; padding: 2px;">LAST PAYMENT</th> </tr> <tr> <th style="width: 50%; padding: 2px;">DATE RECEIVED</th> <th style="width: 50%; padding: 2px;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td style="text-align: center; padding: 2px;">\$</td> </tr> </tbody> </table>	LAST PAYMENT		DATE RECEIVED	AMOUNT		\$	DATE DEFAULT WAS CURED
LAST PAYMENT								
DATE RECEIVED	AMOUNT							
	\$							
TOTAL AMOUNT OF DELINQUENCY	AMOUNT OF PAST DUE TAXES AND ASSESSMENTS REMAINING UNPAID	PRESENT LOAN BALANCE						
\$ _____ AS OF _____	\$ _____	\$ _____						
SERVICING UPDATE/REMARKS (<i>Arrangements for reinstatement, status of legal actions, etc.</i>)								
<p>IMPORTANT: No sale should be held unless notice has been received from VA regarding the amount to be specified under 38 CFR 36.4283(a) or 36.4320(a).</p>								
DATE	BY (<i>Signature and title</i>)	TELEPHONE NO. (<i>Include Area Code</i>)						