OMB Approved No. 2900-0503
Respondent Burden: 5 minutes
Expiration Date: XXXXXXXX

Department of Veterans Affairs

VETERANS MORTGAGE LIFE INSURANCE- CHANGE OF ADDRESS STATEMENT

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 identified in the VA system of records, 36VA29, Veterans and Uniformed Services Personnel Programs of U.S. Government Life Insurance - VA, and published in the Federal Register. Your obligation to respond is voluntary. VA uses your SSN to identify your insurance file. Providing your SSN will help ensure that your records are properly associated with your insurance file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect.

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. The fastest and most secure way to send your documents to VA Insurance is to use our document upload service at https://insurance.va.gov/home/IDU.

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 ☐ YES ☐ NO
	4B. DATE THE RESIDENCE WAS SOLD
5. DO YOU OCCUPY THE RESIDENCE AT THE ADDRESS SHOWN ABOVE? ☐ YES ☐ 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

☐ YES ☐ 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