OMB Approved No. 2900-0021 Respondent Burden: 15 minutes Expiration Date: XX/XX/XXXX

Department of Veteral	NOTICE OF INTENTION TO FORECLOSE  (SUBMIT ORIGINAL ONLY BY CERTIFIED MAIL)									
VA LOAN NUMBER	SERVICER'S LOAN NUMBER					DATE OF THIS NOTICE				
of Federal Regulations 1.576 for routine us	ormation collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code aber of Congress inquiring on behalf of a veteran) as identified in the VA system of records, 55VA26, Loan Guaranty Home, cords, Specially Adapted Housing Applicant Records, and Vendee Loan Applicant Records-VA, and published in the Federal FR 36.4315, 36.4317.									
RESPONDENT BURDEN: We need this is minutes to review the instructions, find the You are not required to respond to a collective www.reginfo.gov/public/do/PRAMain.	information, and on of information	complete thi	s form. VA cannot er is not displayed.	t condu Valid	act or sponsor a c OMB control nur	ollection on the ollection of the ollect	f information be located on	n unless a valid ON the OMB Internet l	AB control number is displayed. Page at	
To (Complete Regional Office/Ce DEPARTMENT OF VETERAN LOAN GUARANTY DIVISION			1A. HOLDER'S NAME, ADDRESS, AND TELEPHONE NUMBER							
1B. NAME AND TELEPHONE NUMBER	Y OWNER 10			1C. SERVICING AGENT'S NAME, ADDRESS, AND PHONE NUMBER (Complete only if different from holder shown in Item 1A above)						
2. ORIGINAL VETERAN BORROWER ( address if different from Item 1B)	ent or last i	known	3A. LOCATION OF PROPERTY			Y	3B. PURPOSE  HOME (1)  HOME (0)	☐ HOME (5) (Refinancing) ☐ MANUFACTURED		
4. DATE OF FIRST UNCURED DEFAUL	BILITIES OF CURING DEFAULT HAVE BEEN EXH			HAUSTE	☐ YES ☐ NO (If "YES," complete as much					
7. OTHER TRANSFEREE DATA										
NAME		LAST KNOWN ADDRESS			DDRESS	SOCIAL SECURITY NUMBER				
8. REPOSS	DR FORECLOSURE DATA				9. UNPAID BALANCE OF LOAN INCLUDING					
A. PROCEEDINGS WILL BE INSTITUTED ON OR AFTER (Date)	EMERGEN CFR 36.42	NINGS UNDER NCY PROVISIONS OF 38 280(e) OR 36.4317(a) STITUTED ON (Date)		C. ESTIMATED CO FORECLOSURE OR REPOSSES		AND/	A. DATE	UNPAID ACCF	B. AMOUNT	
		5 (2 <i>u.e)</i>								
10. TOTAL AMOUNT OF DE	11. IS DEED IN LIEU OF FORECLOSURE OR VOLUNTARY CONVEYANCE OF THE SEC						CE OF THE SECURITY			
A. PRINCIPAL			OBTAINAB	□ NO						
					12. HOLDER'S LOAN SERVICING					
B. INTEREST C. CHARGES				ACT(S) WITH MORTGAG  NUMBER			B. SUMMARY OF LOAN SERVICING SINCE NO OF DEFAULT WAS GIVEN			
(Under 38 CFR 36.4246(a) or 36.4313(a))		TYPE  LETTER/WIR  FACE TO FA			INUIVIDER		_			
D. TOTAL DELINQUENCY			TELEPHONE					†		
13. OCCUPANCY DATA										
A. IS PROPERTY OCCUPIED?  B. OCCUPANT IS (Check)										
YES NO ORIGINAL BORROWER TRANSFERE						TENANT OTHER (Specify)  D. NAME OF OCCUPANT (If other than original borrower)				
C. IF VACANT, KEYS TO PROPERTY MAY BE OBTAINED FROM:						D. NAM	E OF OCC	UPANT (If other i	than original borrower)	
E. IF VACANT, HAVE STEPS BEEN TA	KEN TO PROTE	ECT THE P	ROPERTY?							
14. NAME AND TITLE OF AUTHORIZED OFFICIAL						15. SIG	NATURE O	F AUTHORIZED	OFFICIAL	
HOLDER										
SERVICING AGENT										