



Department of Veterans Affairs

**STATUS OF LOAN ACCOUNT - FORECLOSURE OR  
 OTHER LIQUIDATION**

**INSTRUCTIONS:** Complete all applicable items. If additional space is required, attach a separate sheet and identify each item by number. The date in Item 1 is the applicable cutoff per 38 CFR 36.

LOAN NO.:	<b>NOTE: LOAN NUMBER MUST BE NUMERIC, 12 DIGITS</b>
CURRENT OWNER:	VA LOAN NO.:
ORIGINAL LOAN AMOUNT:	ORIGINAL VETERAN:
TERM OF LOAN:	PERCENT OF GUARANTY:
DATE OF FINAL DISBURSEMENT:	P & I:
PROPERTY ADDRESS	DATE OF FIRST PAYMENT:

ITEM			
<b>1. PRINCIPAL</b>			
AN UNPAID PRINCIPAL	DATE	AMOUNT	
		\$	
<b>2. INTEREST</b>			
A. UNPAID INTEREST ( <i>"From" is the Interest Collected Date and "To" is the Cutoff Date</i> )	FROM:		
	TO:	\$	
B. INTEREST BUYDOWN TO OBTAIN A NET VALUE	DATE APPLIED		\$
<b>3. AMOUNT IN TAX AND INSURANCE ACCOUNT</b> ( <i>If other than a positive balance, show "0" and list advances in Item 6</i> )			\$
<b>4. OTHER CREDITS</b> ( <i>e.g., unearned add-on interest or discount, amount in receiver's rent account, unapplied interest, buy down funds escrowed at origination, credits applied by the holder in order to obtain a net value from VA, hazard insurance proceeds, etc.</i> )	TYPE	DATE	AMOUNT
			\$

<b>5. ACTUAL FORECLOSURE COSTS PAID OR WHICH WILL BE PAID PRIOR TO DATE OF FORECLOSURE</b> ( <i>Itemize</i> )		
DESCRIPTION	PAYMENT DATE	AMOUNT PAID
		\$
		\$

<b>6. ANY OTHER CHARGES LEGALLY CHARGEABLE TO MORTGAGOR INCLUDING TAX/INSURANCE ADVANCES AND PROPERTY PRESERVATION COSTS PAID OR WHICH WILL BE PAID PRIOR TO DATE OF FORECLOSURE</b> ( <i>Itemize</i> )		
DESCRIPTION	PAYMENT DATE	AMOUNT PAID
		\$
		\$
		\$

**7. TOTAL INDEBTEDNESS AT FORECLOSURE** (*Or other liquidations/cutoff date*) (*Sum of Items 2A, 5 and 6 less sum of Items 2B, 3 and 4*)

\$

<b>8. STATUS OF PROPERTY TAXES</b>					
TYPE TAX	DATE LAST PAID	ANNUAL AMOUNT	PERIOD COVERED	NAME OF TAX AUTHORITY	TAX AUTHORITY ACCOUNT NO.
COUNTY					
CITY					
SCHOOL					
OTHER TAX					

<b>9. WATER AND SEWER CHARGES AND SPECIAL ASSESSMENTS</b>			
AMOUNT	DATE LAST PAID	TYPE	PERIOD COVERED

10. NAME, ADDRESS AND TELEPHONE NUMBER OF HOLDER

11. SIGNATURE AND TITLE OF LENDING INSTITUTION OFFICIAL ( <i>Sign in ink</i> )	12. DATE
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**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 response is required 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 [www.reginfo.gov/public/do/PRAMain](http://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.