



Department of Veterans Affairs

SERVICER'S STAFF APPRAISAL REVIEWER (SAR) APPLICATION

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Respondent Burden: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0715, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0715 in any correspondence. Do not send your completed VA Form 26-0829 to this email address.

IMPORTANT: Please type or print. Your answers must be legible.

SECTION I - STAFF APPRAISAL REVIEWER (SAR) NOMINEE

1. NAME OF NOMINEE <i>(First, middle, last)</i>		2. SOCIAL SECURITY NUMBER	
3. RESIDENTIAL ADDRESS <i>(Number and street or rural route, city or P.O., State, and ZIP Code)</i>			
4. BUSINESS NAME AND ADDRESS WHERE SAR IS LOCATED <i>(Number and street or rural route, city or P.O., State, and ZIP Code)</i>			
5. BUSINESS TELEPHONE NUMBER <i>(Include Area Code)</i>		6. 10-DIGIT VA SERVICER ID FOR OFFICE WHERE REVIEWER IS LOCATED	
7. E-MAIL ADDRESS		8. 10-DIGIT VA LENDER ID FOR ASSOCIATED VA LENDER	

STAFF APPRAISAL REVIEWER (SAR) NOMINEE'S STATEMENTS AND CERTIFICATIONS:

PREVIOUS APPROVAL: If I was previously approved by VA as either a SAPP or LAPP Staff Appraisal Reviewer, the SAR ID number assigned was _____.

DISCLOSURE OF SANCTIONS: I have not been suspended, debarred, or had a similar sanction taken against me by any Federal or State entity or any professional organization. I am not aware of any unresolved investigation involving me. Any potential problem regarding this disclosure has been submitted to VA, and a letter from VA indicating that the problem is resolved is attached.

CONFLICTS OF INTEREST: As a SAPP Staff Appraisal Reviewer, I understand that I may not be employed by or perform appraisal review services for any other lender and may not be on the VA fee panel. I agree to report to VA any private interests or pursuits that might be considered by VA to be a conflict of interest.

APPRAISAL REVIEW EXPERIENCE: As indicated in the attached resume, statement of work experience, or evidence of HUD Direct Endorsement participation, I have the requisite experience outlined in chapter 18 of the VA Lender's Handbook.

APPRAISAL REPORT REVIEWS: I understand that all staff appraisal reviews made for VA loan liquidation purposes must be completed in accordance with the requirements in chapter 18 of the VA Lender's Handbook. I also understand that no pressure or influence is to be exerted on the appraiser to remove or change valid appraisal report information, or to reach a predetermined value for a property.

I CERTIFY THAT my signature below affirms that the information I am providing in all of the above statements and certifications are accurate and true, to the best of my knowledge.

9. SIGNATURE OF STAFF APPRAISAL REVIEWER <i>(Sign in ink)</i>		10. DATE SIGNED <i>(MM/DD/YYYY)</i>	
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SECTION II - OFFICER RESPONSIBLE FOR QUALITY OF APPRAISAL REVIEWER'S WORK

11. NAME AND TITLE *(First, middle, last)*

12. BUSINESS NAME AND ADDRESS *(Number and street or rural route, city or P.O., State, and ZIP Code)*

13. BUSINESS TELEPHONE NUMBER *(Include Area Code)*

SECTION III - SENIOR OFFICER OF COMPANY

SENIOR OFFICER'S STATEMENTS AND CERTIFICATIONS:

STAFF APPRAISAL REVIEWER NOMINATION: The nominee is a full-time salaried employee of this company and is authorized to act on our behalf as a Staff Appraisal Reviewer. Based on our personal interview with the nominee and a thorough review of the nominee's appraisal-related capabilities and performance, we find the nominee to be qualified as a Staff Appraisal Reviewer in accordance with the requirements in chapter 18 of the VA Lender's Handbook. We acknowledge the responsibility that any improper actions of the nominee as a Staff Appraisal Reviewer shall be imputed to the employer. We agree to promptly notify the appropriate VA office(s) if we ever change or limit this recommendation, or terminate our relationship with the nominee.

PROCESSING FEE: The \$100 processing fee for this nominee is attached.

PROPERTIES ALREADY VALUED: Unless VA grants authorization for a specific case, this company will not knowingly request an appraisal for a property that already has a valid value determination for VA liquidation purposes.

NO APPRAISAL REVIEWS FOR/FROM OTHER LENDERS/SERVICES: Although appraisal reports may be transferred from one lender or servicer to another, this company will not make VA value determinations for other mortgage lenders, nor use a value determination for VA loan liquidation purposes that was made by another mortgage lender or servicer, under any circumstances.

NO PRESSURE/INFLUENCE ON FEE APPRAISER OR STAFF APPRAISAL REVIEWER: This company will not exert pressure or influence on the Fee Appraiser or Staff Appraisal Reviewer to remove or change appraisal report information, or to reach a predetermined value for a property.

QUALITY CONTROL SYSTEM: This company has an effective quality control or other system to ensure the adequacy and quality of its staff appraisal reviews. That system contains all of the basic elements identified in chapter 18 of the VA Lender's Handbook.

I CERTIFY THAT my signature below affirms that the information I am providing in all of the above statements and certifications are accurate and true, to the best of my knowledge.

14. SIGNATURE AND TITLE OF SENIOR OFFICER *(Sign in ink)*

15. DATE SIGNED *(MM/DD/YYYY)*