



## 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:** 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 2900-0503, 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](mailto:VACOPaperworkReduAct@va.gov). Please refer to OMB Control No. 2900-0503 in any correspondence. Do not send your completed VA Form 29-0563 to this email address.

**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  <input type="checkbox"/> YES <input type="checkbox"/> NO	
		4B. DATE THE RESIDENCE WAS SOLD (MM/DD/YYYY)	
5. DO YOU OCCUPY THE RESIDENCE AT THE ADDRESS SHOWN ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> 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 (MM/DD/YYYY)	