



DEPARTMENT OF VETERANS AFFAIRS

Regional Office and Insurance Center
P.O. Box 7208 (VMLI)
Philadelphia, PA 19101

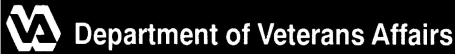
Dear

Our records show that the mortgage on your home is insured under the Veterans Mortgage Life Insurance (VMLI) program. As part of our continuing efforts to provide you with improved service, we would like to know if there have been any recent changes in the status of your mortgage. We would like to remind you that VMLI coverage is automatically terminated when the mortgage is paid in full or when title to the property secured by the mortgage is no longer in your name. Please answer the questions on the reverse, sign and date the form and return it to us.

We appreciate your cooperation in this matter and look forward to hearing from you.

Sincerely,

Chief, Insurance Claims Division



VETERANS MORTGAGE LIFE INSURANCE INQUIRY

CLAIM NUMBER

C-

PRIVACY ACT INFORMATION: The 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 5, Code of Federal Regulations 1.526 for routine uses identified in the VA system of records, 36VA29, Veterans and Uniformed Services Personnel Programs of U.S. Government Life Insurance Records - VA, published in the Federal Register. Your obligation to respond is voluntary, but your failure to provide us the information could impede processing.

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 2900-0501, 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. 2900-0501 in any correspondence. Do not send your completed VA Form 29-0543 to this email address.

ADDRESS OF MORTGAGED PROPERTY AS SHOWN IN VA RECORDS:	NAME OF MORTGAGE HOLDER AS SHOWN IN VA RECORDS
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MORTGAGE LOAN ACCOUNT NUMBER AS SHOWN IN VA RECORDS

NOTE: IF THE NAME OF THE MORTGAGE HOLDER OR THE ACCOUNT NUMBER SHOWN IS INCORRECT, PLEASE ENTER THE CORRECT INFORMATION IN THE SPACE BELOW.

1A. NAME OF CURRENT MORTGAGE HOLDER	1B. CURRENT ACCOUNT NUMBER
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NOTE: PLEASE ANSWER THE FOLLOWING QUESTIONS AND, IF YOUR ANSWER IS "YES" TO ANY QUESTIONS IN ITEMS 2 THROUGH 6 SHOW THE DATE OF THAT ACTION IN THE SPACE PROVIDED.

ITEM	YES	NO	DATE
2. HAVE YOU MOVED FROM THE MORTGAGED PROPERTY?	<input type="checkbox"/>	<input type="checkbox"/>	
3. HAVE YOU SOLD THE MORTGAGED PROPERTY?	<input type="checkbox"/>	<input type="checkbox"/>	
4. HAVE YOU PAID OFF YOUR MORTGAGE?	<input type="checkbox"/>	<input type="checkbox"/>	
5. HAVE YOU REFINANCED YOUR MORTGAGE?	<input type="checkbox"/>	<input type="checkbox"/>	
6. HAVE YOU ADDED A SECOND MORTGAGE?	<input type="checkbox"/>	<input type="checkbox"/>	
7A. IS THE TITLE TO THE MORTGAGED PROPERTY SHARED WITH ANY ONE OTHER THAN YOUR SPOUSE? (If "Yes," show with whom title is shared in Item 7B)	<input type="checkbox"/>	<input type="checkbox"/>	

7B. NAME OF PERSON WITH WHOM TITLE IS SHARED

8. PLEASE ENTER YOUR CURRENT ADDRESS IF IT IS DIFFERENT THAN THE ADDRESS TO WHICH THIS LETTER WAS SENT

9. SIGNATURE OF MORTGAGE HOLDER (Sign in ink)	10. DAYTIME TELEPHONE NUMBER	11. DATE SIGNED
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