REO No. **Property Address:**

OMB Control No. 2900-0029
Estimated Burden: 5 minutes
Expiration Date: XX/XX/20XX

Department of Veterans Affairs

SELLER'S DISCLOSURE STATEMENT

IMPORTANT: Please read the Privacy Act Notice and Respondent Burden before completing the form.

PRIVACY ACT NOTICE: The information collected on this form will serve to identify the VA-acquired property referenced in the Seller's Disclosure. VA and the Service Provider will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or (38 U.S.C. 3720 (a) (5)), (for example: Authorizing 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 to obtain or retain benefits. Your obligation to respond is voluntary, but failure to provide requested information could impede processing.

VA BURDEN STATEMENT: We need this information to consider your offer to purchase a VA-acquired property. Title 38, United States Code, allows us to ask for this information. VA and the Service Provider cannot 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 2900-0029, and it expires XX/XX/20XX. We estimate that you will need an average of 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 vapra@va.gov. Do not send your completed VA Form 26-6705g to this email address.

PROPERTY TO BE PURCHASED

Street Address: City: State: Zip

Purpose of Statement: This statement is being made in compliance with the Seller's Disclosure Act in states where necessary.

This statement is to disclose that the Veterans Benefits Administration, Department of Veterans Affairs (VA), VA's property management contractor, their officers, employees, agents, successors and assigns, ("the Sellers") have not occupied the property and have acquired ownership through financial process. The Real Estate Broker and Agents of the Broker ("the Agents") as independent marketing contractors to the Seller are not generally qualified to advise the Purchaser on the Health and Safety, Legal, or Structural conditions of the property or land. This property is marketed in a **Where is/As is** condition and the aforementioned make no representation as to the condition of the property or land and make no warranties, expressed or implied, with respect thereto. Property is being marketed subject to any/all recorded reservation of mineral rights.

PURCHASER SHOULD OBTAIN PROFESSIONAL ADVICE AND INSPECTIONS OF THE PROPERTY AT THEIR OWN EXPENSE TO MORE FULLY DETERMINE THE CONDITION OF THE PROPERTY AND LAND.

ADDITIONAL DISCLOSURES AND CONDITIONS - PLEASE REVIEW AND EXECUTE ATTACHMENT "A".

Please see attachment "A" for any known conditions and/or listed inspections done on the property and received by the Seller if applicable, other than those covered by separate disclosure statement. The Purchaser in signing this document has been given the opportunity to review the results of any known conditions or reports listed above pertaining to and received by the Seller on the aforementioned property. On properties built before 1978 the Purchaser has received the pamphlet "Protect Your Family From Lead In Your Home."

Purchaser represents and warrants in signing this document that he/she has not relied on the accuracy or completeness of any representations that have been made by the Seller and/or Agents as to the condition of this property and that the Purchaser has not relied on the Seller s failure to provide information regarding the condition of the property and has obtained their own professional advice and inspections.

Listing Brokerage Name: _____

Listing Agent: _____
(Signature)

Date: _____

Selling Brokerage Name: _____

Selling Agent: _____
(Signature)

Date: _____

_____
Purchaser Signature **Date**

_____
Co-Purchaser Signature **Date**

_____
Co-Purchaser Signature **Date**

_____
Co-Purchaser Signature **Date**