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OMB Control Number 2900-0474
Estimated Burden 2 minutes,
Expiration date XX/XX/20XX

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Create Payment Request

Required fields are marked with *

Lender ID:

VA Loan Number:

Lender Loan Number:

Veteran #1 [Add ADDITIONAL VETERAN\(S\)](#)

First Name:

Middle Initial:

Last Name:

Suffix:

SSN:

Loan Category:

Purchase Price: \$

Down Payment: \$

Base Loan Amount: \$

Property State:

Property County:

Effective Date: 12/15/2025

Closing Date: / / (MM/DD/YYYY)

Include Energy Improvement Funds in Total Loan Amount: (Amount: \$)

VA Form 26-8986, OMB Control Number 2900-0474, Estimated Burden 2 minutes, Expiration date XX/XX/20XX

[Continue](#) [Reset Fields](#)