



Department of Veterans Affairs

**STATUS OF LOAN ACCOUNT - FORECLOSURE OR  
 OTHER LIQUIDATION**

**INSTRUCTIONS:** Complete all applicable items. If additional space is required, attach a separate sheet and identify each item by number. The date in Item 1 is the applicable cutoff per 38 CFR 36.

LOAN NO.:	<b>NOTE: LOAN NUMBER MUST BE NUMERIC, 12 DIGITS</b>
CURRENT OWNER:	VA LOAN NO.:
ORIGINAL LOAN AMOUNT:	ORIGINAL VETERAN:
TERM OF LOAN:	PERCENT OF GUARANTY:
DATE OF FINAL DISBURSEMENT:	P & I:
PROPERTY ADDRESS	DATE OF FIRST PAYMENT:

ITEM			
<b>1. PRINCIPAL</b>			
AN UNPAID PRINCIPAL	DATE	AMOUNT	
		\$	
<b>2. INTEREST</b>			
A. UNPAID INTEREST ( <i>"From" is the Interest Collected Date and "To" is the Cutoff Date</i> )	FROM:		
	TO:	\$	
B. INTEREST BUYDOWN TO OBTAIN A NET VALUE	DATE APPLIED	\$	
<b>3. AMOUNT IN TAX AND INSURANCE ACCOUNT</b> ( <i>If other than a positive balance, show "0" and list advances in Item 6</i> )			\$
<b>4. OTHER CREDITS</b> ( <i>e.g., unearned add-on interest or discount, amount in receiver's rent account, unapplied interest, buy down funds escrowed at origination, credits applied by the holder in order to obtain a net value from VA, hazard insurance proceeds, etc.</i> )	TYPE	DATE	AMOUNT
			\$

<b>5. ACTUAL FORECLOSURE COSTS PAID OR WHICH WILL BE PAID PRIOR TO DATE OF FORECLOSURE</b> ( <i>Itemize</i> )		
DESCRIPTION	PAYMENT DATE	AMOUNT PAID
		\$
		\$

<b>6. ANY OTHER CHARGES LEGALLY CHARGEABLE TO MORTGAGOR INCLUDING TAX/INSURANCE ADVANCES AND PROPERTY PRESERVATION COSTS PAID OR WHICH WILL BE PAID PRIOR TO DATE OF FORECLOSURE</b> ( <i>Itemize</i> )		
DESCRIPTION	PAYMENT DATE	AMOUNT PAID
		\$
		\$
		\$

**7. TOTAL INDEBTEDNESS AT FORECLOSURE** (*Or other liquidations/cutoff date*) (*Sum of Items 2A, 5 and 6 less sum of Items 2B, 3 and 4*)

\$

<b>8. STATUS OF PROPERTY TAXES</b>					
TYPE TAX	DATE LAST PAID	ANNUAL AMOUNT	PERIOD COVERED	NAME OF TAX AUTHORITY	TAX AUTHORITY ACCOUNT NO.
COUNTY					
CITY					
SCHOOL					
OTHER TAX					

<b>9. WATER AND SEWER CHARGES AND SPECIAL ASSESSMENTS</b>			
AMOUNT	DATE LAST PAID	TYPE	PERIOD COVERED

10. NAME, ADDRESS AND TELEPHONE NUMBER OF HOLDER

11. SIGNATURE AND TITLE OF LENDING INSTITUTION OFFICIAL ( <i>Sign in ink</i> )	12. DATE
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**PRIVACY ACT NOTICE:** 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 (38 U.S.C. 3720 (a) (5)), (for example: Authorizing release of information to Congress when requested for statistical purposes as 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 obligation to respond is voluntary, but failure to provide requested information could impede processing.

**VA BURDEN STATEMENT:** 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 2900-0851, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 30 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, finding the information, gathering and maintaining the data needed, and reviewing and completing 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](mailto:vapra@va.gov). Please refer to OMB Control No. 2900-0851 in any correspondence. Do not send your completed VA Form 26-0971 to this email address.