

<b>Department of Veterans Affairs</b>		OFF. JURIS.	OFF. ORIG.	TYPE	LOAN NUMBER	NAME CODE
		LOAN SERVICE REPORT				
1. INTERVIEW CONDUCTED			2. DATE OF INTERVIEW		3. TELEPHONE NUMBER	
<input type="checkbox"/> IN FIELD <input type="checkbox"/> BY PHONE <input type="checkbox"/> IN OFFICE <input type="checkbox"/> EMAIL					A. HOME	B. BUSINESS
4. EMAIL ADDRESS			5. NAME(S) OF PERSON(S) INTERVIEWED			
SECTION I - FINANCIAL INFORMATION						
6. PLEASE CHECK THE APPROPRIATE BOX(ES). IF ONE OR MORE ARE CHECKED, THIS REPORT MUST INCLUDE INFORMATION CONCERNING THE BORROWER'S SPOUSE (OR FORMER SPOUSE IF BOX "D" IS CHECKED). IF NO BOXES ARE CHECKED, NO INFORMATION CONCERNING THE SPOUSE NEED BE FURNISHED.						
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="checkbox"/> A. THE SPOUSE IS OR WILL BE JOINTLY OBLIGATED WITH THE BORROWER ON THE LOAN         </div> <div style="width: 20%;"> <input type="checkbox"/> B. THE BORROWER IS MARRIED AND THE PROPERTY SECURING THE LOAN IS LOCATED IN A COMMUNITY PROPERTY STATE         </div> <div style="width: 20%;"> <input type="checkbox"/> C. THE BORROWER IS RELYING ON THE SPOUSE'S INCOME AS A BASIS FOR REPAYMENT OF THE LOAN         </div> <div style="width: 20%;"> <input type="checkbox"/> D. THE BORROWER IS RELYING ON ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE PAYMENTS FROM A SPOUSE OR FORMER SPOUSE AS A BASIS FOR REPAYMENT OF THE LOAN         </div> </div>						
7. NAME AND ADDRESS OF EMPLOYER		8. LENGTH OF EMPLOYMENT	9. TYPE OF WORK	10. MONTHLY EXPENSES		
				A. MORTGAGE PAYMENT \$		
				B. FOOD		
11. NAME AND ADDRESS OF SPOUSE'S EMPLOYER		12. LENGTH OF EMPLOYMENT	13. TYPE OF WORK	C. HEATING OIL		
				D. GAS		
				E. ELECTRIC		
14A. NAME AND ADDRESS OF NEXT OF KIN		14B. TELEPHONE NO. OF NEXT OF KIN		F. TELEPHONE		
		HOME		G. TRANSPORTATION		
		BUSINESS		H. GASOLINE		
15. AGE(S) OF OTHER DEPENDENT(S)				I. AUTO INSURANCE		
				J. LIFE INSURANCE		
16. AVERAGE MONTHLY INCOME FROM ALL SOURCES				K. MEDICAL		
A. SALARIES (Take-home pay)		B. COMP. OR PENSION	C. RENTAL OR OTHER	L. CLOTHING		
\$		\$	\$	M. LOAN (Specify lender)		
17. DISCRETIONARY INCOME				N. LOAN (Specify lender)		
A. TOTAL MONTHLY INCOME (Item 16D)		\$				
B. MINUS TOTAL MONTHLY EXPENSES (Item 10R)		- \$				
C. TOTAL MONTHLY DISCRETIONARY INCOME AVAILABLE TO REPAY THE DELINQUENCY		\$				
17D. REG. INSTALLMENT	17E. TOTAL DELINQUENCY	17F. TOTAL DELINQUENCY AS OF (Date)		R. TOTAL MONTHLY EXPENSES		
\$	\$			▶ \$		
18. ASSETS						
A. CASH AVAILABLE (Checking and savings accounts, building and loan accounts, on-hand, etc.)			\$	E. SAVINGS BONDS (Current value)		\$
				F. STOCKS AND OTHER BONDS (Current value)		
B. FURNITURE AND HOUSEHOLD GOODS (Resale value)				G. REAL ESTATE OWNED (Resale value)		
C. AUTOMOBILES (Resale value)				H. OTHER ASSETS (Itemize)		
MAKE	YEAR	MODEL				
D. TRAILERS, BOATS, CAMPERS (Resale value)				I. TOTAL ASSETS		\$
19. BORROWER'S EXPLANATION OF DELINQUENCY						
SECTION II - CERTIFICATIONS (See Privacy Act Information)						
I (WE) AFFIRM that the information contained herein is true, correct, and complete to the best of my (our) knowledge and belief.						
20A. SIGNATURE OF BORROWER/APPLICANT			20B. DATE SIGNED	21A. SIGNATURE OF SPOUSE		21B. DATE SIGNED
PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of a statement or evidence of a material fact, knowing it to be false.						

### SECTION III - PROPERTY INFORMATION

22. PROPERTY ADDRESS

23. NUMBER OF LIVING UNITS

24. MAILING ADDRESS *(If different from Item 22)*

25. GENERAL CONDITION OF PROPERTY

26A. PROPERTY IS *(Check appropriate box)*

☐ OWNER OCCUPIED   ☐ VACANT   ☐ RENTED *(Complete Items 26B, 26C, and 26D)*

26B. NAME OF TENANT

26C. AMOUNT OF RENT

26D. RENT PAID TO:

27A. MAJOR REPAIRS REQUIRED

27B. ESTIMATED COST

28. YOUR OPINION AS TO CAUSE OF DELINQUENCY

29. DELINQUENCY REGARDED AS

☐ TEMPORARY   ☐ PERMANENT

30. DOMESTIC SITUATION

31. PROPOSED REPAYMENT SCHEDULE *(Should be realistic and within borrower's ability to repay)*

32. RECOMMENDATIONS

☐ FORBEARANCE   ☐ OTHER *(Explain - Use Item 33, Remarks, if necessary)*

33. REMARKS

34. SIGNATURE OF REPRESENTATIVE

35. DATE SIGNED

**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 Title 38, Code of Federal Regulations 1.576 for routine uses (e.g., to a member of Congress inquiring on behalf of a veteran) 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 without this information VA may be unable to provide financial counseling or assistance in dealing with your mortgage loan holder.

**RESPONDENT BURDEN:** We need this information to provide financial counseling under Title 38 USC 3732(a)(4). We estimate that you will need an average of 25 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.