OMB Approved No.: 2900-0047 Respondent Burden: 45 minutes Expiration Date: 08/31/2020

22						1. FILE NO.	2.	LOAN NO.	
V Dep	artment of Veterans Affairs	FINAN	ICIAL S	STATEMEN	NT	C-			
	Type or print all entries in ink. If more space i							ets. If there is a	
co-borrower or	co-applicant who is not the spouse of the borrow			financial stateme			person.		
3. NAME AND P	RESENT ADDRESS OF BORROWER/APPLICA			TELEPHONE NO.			5. DATE OF BIRTH		
(Include ZIP Code)									
			C MARITAL CTATUS OF PORROWER/ARRIVA						
		6. MARITAL STATUS OF BORROWER/APPLICANT					7. SOCIAL SECURITY NO. OF BORROWER/APPLICANT		
8. NAME OF SP	OUSE		9. SPOUSE'S DATE 10. S			CIAL SECURITY NO. OF	11. AGE(S) OF DEPENDENT(S)		
			OF BIR			OUSE			
12A. BORROWER/APPLICANT: If you do not wish to complete Items 12B and 12C, please initial here						SPOUSE: If you do not	wish to	INITIALS	
			complete Items 13B and			3C please initial here to be collected on a non-			
complete tiems	12B and 12C, pieuse initial nere		,	oborrower spouse,	,				
12B. RACE/NAT	TONAL ORIGIN	12C. SEX	10	BB. RACE/NATION	NAL OF	RIGIN		13C. SEX	
AMERICAI ALASKA N		MALI	■ [AMERICAN IN ALASKA NATI		HISPANIC		MALE	
	BLACK (Not Hispanic)	FEM.	ALE			BLACK (Not His	panic)	FEMALE	
ASIAN PA] [ASIAN PACIFION ISLANDER	С	WHITE (Not His	panic)		
14 PLEASE CH	ECK THE APPROPRIATE BOX(ES). IF ONE OF	 R MORE ARE	CHECKED	THIS CREDIT S	TATEM			N CONCERNING THE	
BORROWER	R/APPLICANT'S SPOUSE (OR FORMER SPOUS EED BE FURNISHED.								
			7 o Tue			IT 10 144 DDIED 1110 THE			
	POUSE IS OR WILL BE JOINTLY OBLIGATED W DWER/APPLICANT ON THE LOAN.	/ITH THE [NT IS MARRIED AND THE MMUNITY PROPERTY ST		IY SECURING THE	
			¬ ъ	DODDOWED (A DE	DI 10 4 4	IT IO DEL VINO ON AL IMA	NN 01111	OURDORT OR	
	DRROWER/APPLICANT IS RELYING ON THE S E AS A BASIS FOR REPAYMENT OF THE LOAI					NT IS RELYING ON ALIMO PAYMENTS FROM A SPO			
			AS A	A BASIS FOR REP	PAYME	NT OF THE LOAN.			
	SECTION II -	EMPLO	YMENT	AND FINAN	CIAL	STATUS			
15	5. COMPLETE RECORD OF EMPLOYME	NT FOR YO	URSELF	AND SPOUSE	Start v	with present position and	work back	2 vears)	
	A. NAME AND ADDRESS OF EMPLOYER			S (Month, year)		C. KIND OF JOB	D. WORK		
		F	ROM	ТО		Mechanic, stenographer,	etc.) TELEPHONE NO.		
	(1)								
				PRESENT					
				TIME					
BORROWER									
/APPLICANT	(0)				_				
	(2)								
	(1)				_				
SPOUSE									
				PRESENT					
				TIME					
	(2)				\neg				

16. MONTHLY INCOME Include income from business or property after deduction of		A. GROSS SALARY (Before payroll deductions)		BORROWER/ APPLICANT		SPOUSE			C. OTHER (Specify)		BORROWER/ APPLICANT			SPOUSE	
				\$		\$					\$		•	\$	
child . and m	ses. (Disclosure of support, alimony naintenance	B. PEN	SION OR						D. TOTAL M		,		Ť		
incom	ne is optional)	COMPE	NSATION	\$		\$ 17. AS	CETC		INCON	ΛΕ	\$		\$		
	SH IN BANK (Checaccounts, etc.)	king and sa	vings accou	unts, building an	<i>d</i>	17. AS		F. SA\	/ING BONDS	(Current	value)		**************************************		
	ASH ON HAND				—				G. STOCKS AND OTHER BONDS (Current value)					>	
C. FU	IRNITURE AND HO	USEHOLD (GOODS (Re	esale value)		H. REAL ESTATE OWNED (Resale value)					ıe)				
	D. AUTO	MOBILES (A	Resale value	?)		I. OTHER ASSETS (Itemize)									
	MAKE	YEAR	ı	MODEL											
					+										
E. TR	AILERS, BOATS, C	AMPERS (I	Resale value	?)						J. TOT	AL ASSE	TS	\$		
					'	18. I	DEBTS								
NOTE: DETAILS FOR INSTALLMENT CONTRACTS AND OTHER DEBTS (Show here ALL debts which you are required to pay in regular monthly installments, such as car, television, washing machine, payments to dealers, banks, finance companies, repayment of money borrowed for any purpose, doctor bills, hospital bills, etc. Include any alimony, child support, or separate maintenance obligations you are required to pay. If additional space is needed, use Section VI, or attach separate sheet. Do not include living expenses. If repayment of a debt is not on a monthly basis, write "0" in Column E and describe arrangements to repay in "Remarks")															
	A NA	ME AND AI	DRESS OF	-	B. DATI	E AND PUR	RPOSE	C (C. ORIGINAL			E. AMOUNT		F. AMOUNT	
ITEM NO.		CREDIT	OR		OF DEBT (Include account number,		umber,	AM	AMOUNT OF BAL		NPAID ANCE	D DITE		PAST DUE	
	(Include ZII	Code)		ij	f available)	· .		DEBT			MONTH	LY	(If any)	
(1)								\$ \$					 \$		
								Ψ		Ψ		Ų .		Ψ	
(2)															
(3)															
				TOTAL •				\$		\$		\$		\$	
				CREDIT RE											
19. NAME AND ADDRESS OF FIRMS OR BANKS WITH WHOM YOU HAVE DONE BUSINESS A. B.															
D. D.															
C.							D.								
					D.										
20. IF YOU ARE RENTING PREMISES YOU NOW OCCUPY, COMPLETE A, B, AND C															
A. MONTHLY RENTAL B. UTILITIES INCLUDE				020 . 0			ADDRESS (PAID TO)			
\$				YES NO											
21A. F	HAVE YOU EVER B		21B.	DATE ADJUDIO	ATED BA	ANKRUPT	I I					F VA OFFICE WHERE /AS PROCESSED			
YES NO (If "Yes", complete						YE	ES		"Yes", con n 22B)	nplete					

SECTION IV - REAL ESTATE OWNED										
(Show ALL real estate owned. Use this sheet to provide in items of information for each of your other properties.)				parate blank s	heets to provide the same					
23. ADDRESS OF PROPERTY (Number, street, city, count	y, State) 24.	PURCHASE PRICE		25. CURRENT MARKET VALUE OF PROPERTY						
				c						
26. NAME AND ADDRESS OF MORTGAGEE (If mortgage	d) \$	ORIGINAL AMOUNT OF MO	DRTGAGE	\$ 28. UNPAID BALANCE						
20. NAMIL AND ADDICESS OF MONTGAGEE (If mortgage	<i>u)</i>	ORIGINAL AMOUNT OF MIC	DRIGAGE	28. UNPAID BALANCE						
	\$			\$						
29. FREQUENCY OF MORTGAGE PAYMENTS (If paymer regular amortization plan, explain in Section VI, "Rem	nt is not by 30. Parks")	AMOUNT OF MORTGAGE PAYMENT	31. STATUS OF L	OAN (Check)	32. AMOUNT OF DELINQUENCY (If any)					
MONTHLY QUARTERLY SEMI-ANNUALLY	ANNUALLY \$		г	\$						
33. OTHER LIENS AGAINST PROPERTY, IF ANY		DO YOU OCCUPY THE PR	1							
\$		YES NO								
35. IF PROPERTY IS RENTED, WHAT ARE THE RENTAL	TERMS? 36.	AMOUNT OF AVERAGE MOIN EXCESS OF OPERATIN	ONTHLY INCOME 'G EXPENSES	YOU RECEIVE	FROM THIS PROPERTY					
\$ PER	\$									
	SECTION V - AI	DDITIONAL DATA								
37. NAME AND ADDRESS OF NEAREST RELATIVE NOT L	IVING WITH YOU (Incli	ding telephone number if a	vailable)							
	SECTION V	I - REMARKS								
38. USE THIS SPACE AND ADDITIONAL SHEETS IF NECE	SSARY TO SUPPLY AN	Y OTHER PERTINENT INFO	ORMATION AND T	O CONTINUE	YOUR ANSWER TO					
PREVIOUS ITEMS. INDICATE ITEM NUMBER TO WHI	CH TOUR COMMENTS A	AFET.								
SECTION VII - CERTIFICATIONS										
I (WE) AFFIRM THAT the information contained herein is true, correct, and complete to the best of my (our) knowledge and belief.										
IMPORTANT: If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you became eligible for benefits) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at http://www.va.gov/opa/marriage/ .										
.,,	9B. DATE	40A. SIGNATURE OF SP			40B. DATE					
(Sign in ink)			(- 3							
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.										

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 (i.e., to service your loan and to evaluate your application for release of liability and, if applicable, substitution of entitlement) 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 required to obtain or retain benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect.

Respondent Burden: We need this information to service your loan and to evaluate your application for release of liability and, if applicable, substitution of entitlement. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 45 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. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

NOTICE TO APPLICANTS

This is notice to you as required by the Right to Financial Privacy Act of 1978 that the Department of Veterans Affairs Loan Guaranty Service or Division has a right of access to financial records held by a financial institution in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to the Department of Veterans Affairs Loan Guaranty Service or Division without further notice or authorization but will not be disclosed or released to another Government Agency or Department without your consent except as required or permitted by law.

VOLUNTARY INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The information in Items 12A, 12B, 12C, and 13A, 13B, and 13C is requested by the Federal Government to monitor compliance by VA as a lender with Equal Credit Opportunity and Fair Housing laws. The law provides that a lender may neither discriminate on the basis of this information nor on whether or not it is furnished.