OMB Approved No. 2900-0503
Respondent Burden: 5 Minutes

Department of Veterans Affairs

VETERANS MORTGAGE LIFE INSURANCE - CHANGE OF ADDRESS STATEMENT

PRIVACY ACT INFORMATION: This report is authorized by law (38 U.S.C. 806) The information provided, on a voluntary basis, will be used by VA employees and your authorized representative in the maintenance of Government insurance records. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 53VA00, Veterans Mortgage Life Insurance - VA, published in the Federal Register.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

INSTRUCTIONS: After completing and signing this form, please mail to the VA REGIONAL OFFICE AND INSURANCE CENTER, P.O. BOX 7208 (VMLI), PHILADELPHIA, PA 19101.

1. VETERAN'S NAME	2. CLAIM NUMBER
3. ADDRESS OF MORTGAGED PROPERTY	4A. HAVE YOU SOLD, OR OTHERWISE DISPOSED OF TITLE TO THE PREVIOUS HOUSING UNIT FOR WHICH VMLI WAS GRANTED ☐ YES ☐ NO (If "Yes," please complete Item 4B) 4B. DATE THE RESIDENCE WAS SOLD
5. DO YOU OCCUPY THE RESIDENCE AT THE ADDRESS SHOWN ABOVE? ☐ YES ☐ NO	6. AMOUNT OF FINAL PAYOFF OF THE MORTGAGE LOAN WAS:
7A. NAME AND ADDRESS OF THE LAST MORTGAGE HOLDER	7B. LOAN ACCOUNT NUMBER OF LAST MORTGAGE HOLDER

8. I HAVE PURCHASED A HOME TO BE USED AS MY RESIDENCE. I WOULD LIKE TO APPLY FOR VETERANS MORTGAGE LIFE INSURANCE IN CONNECTION WITH MY NEW MORTGAGE, PLEASE SEND AN APPLICATION

☐ YES ☐ NO

9. IF THIS FORM DOES NOT APPLY TO YOUR CIRCUMSTANCES, PLEASE EXPLAIN THE REASON FOR THE CHANGE OF ADDRESS IN THE SPACE BELOW

10. SIGNATURE OF VETERAN	11. DATE SIGNED

SUPERSEDES VA FORM 29-0563, AUG 1989, WHICH WILL NOT BE USED.