OMB Approved No.: 2900-0047 Respondent Burden: 45 minutes Expiration Date: 5/31/2026

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## **Department of Veterans Affairs**

## **FINANCIAL STATEMENT**

1. FILE NO.	2. LOAN N
C-	

**IMPORTANT:** Type or print all entries in ink. If more space is needed for any item, continue under Section VI, "Remarks," or attach separate sheets. If there is a co-borrower or co-applicant who is not the spouse of the borrower/applicant, a separate financial statement should be completed by that person.

co-borrower of co-applicant who is not the spouse of the borrower/applicant, a separate infancial statement should be completed by that person.										
SECTION I - GENERAL INFORMATION										
3. NAME AND PRESENT ADDRESS OF BORROWER/APPLICANT (Include ZIP Code)			4. HOM	E TELEPHONE NO.	(Include Area Code)	5. DATE OF BIRTH (MM/DD/YYYY)				
			6. MARI	TAL STATUS OF BO	ORROWER/APPLICANT	7. SOCIAL SECURITY NO. OF BORROWER/APPLICANT				
8. NAME OF SPOUSE			9. SPOUSE'S DATE OF BIRTH (MM/DD/YYYY) 10. SOCIAL SECUI NO. OF SPOUS			Y 11. AGE(S) OF DEPENDENT(S)				
12A. BORROWER/APPLICANT: If you do not wish to complete Items 12B and 12C, please initial here			13A. CO-BORROWER/SPOUSE: complete Items 13B and 13C please i Information not to be collected on a r			l here (NOTE:				
12B. RACE/NATIONAL ORIGIN  AMERICAN INDIAN ALASKA NATIVE  ASIAN PACIFIC ISLANDER				13B. RACE/NATIO  AMERICAN INI ALASKA NATIN ASIAN PACIFIC ISLANDER	DIAN HISPANIC		13C. SEX  MALE  FEMALE			
14. PLEASE CHECK THE APPROPRIATE BOX(ES). IF ONE OR MORE ARE CHECKED, THIS CREDIT STATEMENT MUST INCLUDE INFORMATION CONCERNING THE BORROWER/APPLICANT'S SPOUSE (OR FORMER SPOUSE IF BOX "D" IS CHECKED). IF NO BOXES ARE CHECKED, NO INFORMATION CONCERNING THE SPOUSE NEED BE FURNISHED.  A.THE SPOUSE IS OR WILL BE JOINTLY OBLIGATED WITH THE BORROWER/APPLICANT ON THE LOAN.  C.THE BORROWER/APPLICANT IS MARRIED AND THE PROPERTY SECURING THE LOAN IS LOCATED IN A COMMUNITY PROPERTY STATE.  B.THE BORROWER/APPLICANT IS RELYING ON THE SPOUSE'S  D.THE BORROWER/APPLICANT IS RELYING ON ALIMONY, CHILD										
INCOME AS	A BASIS FOR REPAYMENT OF THE LOAN.			OR FORMER SPO	EPARATE MAINTENANCE DUSE AS A BASIS FOR RE					
					ICIAL STATUS					
15. COMPLETE RECORD OF EMPLOYMENT FOR YOURSELF AND SPOUSE (Start with present position and work back 2 years)							,			
BORROWER /APPLICANT	A. NAME AND ADDRESS OF EMPLOYER	ADDRESS OF EMPLOYER FF		MM/YYYY) TO	C. KIND OF JOB (Mechanic, stenographer	D. WORK TELEPHONE NO.				
	(1)			PRESENT TIME						
	(2)									
SPOUSE	(1)			PRESENT TIME						
	(2)									

		A. GROSS SALARY			I SPOUSE		C. OTH (Spec			BORROWER/ APPLICANT		SPOUSE	
business or property (Bef.		(Before paya	roll	APPLICANT						FLICANT	_		
expen.	ses. (Disclosure of		\$		\$		D. TO	TAI	\$		\$		
and m	support, alimony naintenance	B. PENSION COMPENSAT					MONT	HLY					
incom	scome is optional) \$				INCOME \$ \$								
A. CASH IN BANK (Checking and savings accounts, building   F. SAVING BONDS (Current value)													
and lo	oan accounts, etc.)		,s accounts, surrain	\$ \$				,			\$		
B. CA	SH ON HAND				G. STOCKS AND OTHER BONDS (Current value)			'urrent value)					
C. FU			DDS (Resale value)		H. REAL ESTATE OWNED (Resale value)								
	D. AUTON	MOBILES (Resal	e value) MODEL	_	I. OTHER ASSETS (Itemize)								
	IVIANE	TEAR	WODEL										
						_							
E. TR	AILERS, BOATS, C	CAMPERS (Resa	le value)			J. TOTAL ASSETS \$							
					18. DEB	TS							
instali	lments, such as co	ar, television, w	NT CONTRACTS ashing machine, pa child support, or so	yments to de	ealers, banks, fin	ance com	panies, repo	ayment of	money bo	rrowed for any	purpo	se, doctor bills,	
attach			ving expenses. If re										
I A NAME AND ADDRESS OF I					B. DATE AND PURPOSE OF DEBT		C. ORIGINAL		NDAID	E. AMOUNT		F. AMOUNT	
NO.	CREDITOR I			account number,		JNT OF EBT	D. UNPAID BALANCE		DUE MONTHLY		PAST DUE (If any)		
	·			if a	available)							(3 - 5)	
(1)													
(1)				\$		\$		\$		\$			
(0)	(2)												
(2)													
(3)													
			TOTAL			\$		\$		\$		\$	
		SECTION	N III - CREDIT	REFER	ENCES AND	OTHE	R FINA	NCIAL	INFOR	RMATION			
		19. NAM	E AND ADDRES	S OF FIRM			HOM YOU	J HAVE [	DONE BU	JSINESS			
A.					В	-							
C.					D	D.							
20. IF YOU ARE RENTING PREMISES YOU NOW OCCUPY, COMPLETE A, B, AND C													
A. MONTHLY RENTAL B. UTILITIES INCLUDED?				С	C. NAME AND ADDRESS OF PERSON OR FIRM RENTAL PAID TO						ТО		
\$													
	HAVE YOU EVER E	 BEEN	21B. DATE ADJU	 JDICATED	2:	2A. HAVE	YOU HAD A	A GI LOAN	N? 2	2B. NAME OF	VA OF	FICE WHERE	
ADJUDICATED BANKRUPT? BANKRUPT (MM/DD/YYYY)					YYYY)	YES NO (If "Yes", complete							
YES NO (If "Yes", complete  Item 21B)													

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SECTION IV - REAL ESTATE OWNED								
(Show ALL real estate owned. Use this sheet to provide information for one p same items of information for each of your other properties.)	roperty. If you own more than o	ne property, use .	separate blank sl	neets to provide the				
23. ADDRESS OF PROPERTY (Number, street, city, county, State)	24. PURCHASE PRICE		25. CURRENT MARKET VALUE OF PROPERTY					
	\$		\$					
26. NAME AND ADDRESS OF MORTGAGEE (If mortgaged)	27. ORIGINAL AMOUNT OF M	ORTGAGE	28. UNPAID BALANCE					
	\$		\$					
29. FREQUENCY OF MORTGAGE PAYMENTS (If payment is not by regular amortization plan, explain in Section VI, "Remarks")	30. AMOUNT OF MORTGAGE PAYMENT	31. STATUS OF	LOAN (Check)	32. AMOUNT OF DELINQUENCY				
☐ MONTHLY ☐ QUARTERLY ☐ SEMI-ANNUALLY ☐ ANNUALLY	\$	DELINQUE	NT	(If any) \$				
33. OTHER LIENS AGAINST PROPERTY, IF ANY	34. DO YOU OCCUPY THE PROPERTY?							
\$	YES NO							
35. IF PROPERTY IS RENTED, WHAT ARE THE RENTAL TERMS?	36. AMOUNT OF AVERAGE MONTHLY INCOME YOU RECEIVE FROM THIS PROPERTY IN EXCESS OF OPERATING EXPENSES							
\$ PER	\$							
SECTION V	- ADDITIONAL DATA							
37. NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	(Including telephone number if a	vailable)						
SECTIO	N VI - REMARKS							
38. USE THIS SPACE AND ADDITIONAL SHEETS IF NECESSARY TO SUPPL		ORMATION AND	TO CONTINUE Y	OUR ANSWER TO				
PREVIOUS ITEMS. INDICATE ITEM NUMBER TO WHICH YOUR COMMENTS APPLY.								
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/marri	age/.						
39A. SIGNATURE OF BORROWER/APPLICANT (Sign in ink)  39B. DATE (MM/DD/Y)	40A. SIGNATURE OF SI	POUSE (Sign in i	nk) 40B	. DATE (MM/DD/YYYY)				
<b>PENALTY:</b> The law provides severe penalties which include fine or imprisor knowing it to be false.	nment, or both, for the willful sul	omission of a stat	ement or evidenc	e of a material fact,				

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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 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 <a href="www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a>. 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.

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