FINANCIAL STATEMENT

VA Loan No.

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

GENERAL INFORMATION

NAME AND PRESENT MAILING ADDRESS OF BORROWER (Include Zip Code)	HOME TELEPHONE NO. (Include Area Code)		DATE OF BIRTH
	MARITAL STATUS OF BORROWER		SOCIAL SECURITY NO. OF BORROWER
NAME OF SPOUSE	SPOUSE'S DATE OF BIRTH	SOCIAL SECURITY NO. OF SPOUSE	(AGE(S) OF DEPENDENT(S)

DO YOU OCCUPY THE PROPERTY? [ ] Yes [ ] No	PROPERTY ADDRESS, IF DIFFERENT (Include City & State)	GENERAL CONDITION OF PROPERTY	OTHER LIENS AGAINST PROPERTY? (If Any) $

EMPLOYMENT AND FINANCIAL STATUS

COMPLETE RECORD OF EMPLOYMENT FOR YOURSELF AND SPOUSE (Start with present position and work back 2 years)

	NAME AND ADDRESS OF EMPLOYER	DATES (Month,Year) FROM	TO	KIND OF JOB (Mechanic, stenographer, etc.)	WORK TELEPHONE NO. (Include Area Code)
BORROWER	(1)		PRESENT TIME		
	(2)				
SPOUSE	(1)		PRESENT TIME		
	(2)				

ASSETS

CASH IN BANK (Checking and savings accounts, etc.)	$	STOCKS BOND (Current Value)	$
		STOCKS AND OTHER BONDS (Current Value)	
CASH ON HAND	$	REAL ESTATE OWNED (Resale Value)	
FURNITURE AND HOUSEHOLD GOODS (Resale Value)		OTHER ITEMS (Itemized)	
AUTOMOBILES (Resale Value)			
MAKE / YEAR / MODEL			
TRAILERS, BOATS, CAMPERS (Resale Value)		**TOTAL ASSETS**	

INCOME			EXPENSES	
AVERAGE MONTHLY INCOME	**SELF**	**SPOUSE**	**AVERAGE MONTHLY EXPENSES**	**AMOUNT**
MONTHLY GROSS SALARY (Before Payroll Deductions)	$	$	A. MORTGAGE PAYMENT	$
DEDUCTIONS			B. FOOD	
FEDERAL, STATE AND LOCAL INCOME TAXES			C. WATER	
			D. GAS	
RETIREMENT			E. ELECTRIC	
SOCIAL SECURITY			F. TELEPHONE	
OTHER (Specify)			G. TRANSPORTATION	
TOTAL DEDUCTIONS			H. GASOLINE	
NET TAKE HOME PAY			I. AUTO INSURANCE	
PENSION, COMPENSATION, CHILD SUPPORT OR OTHER INCOME (Specify)			J. LIFE INSURANCE	
			K. MEDICAL	
			L. CLOTHING	
			M. MISC.(Cable TV, etc.)	
TOTAL MONTHLY NET INCOME	$	$	**TOTAL MONTHLY EXPENSES**	$

PRIVACY ACT INFORMATION: The information requested on this form is used in loan servicing and in evaluating an application for release of liability and substitution of entitlement if applicable. No determination can be made unless a completed financial statement has been submitted (38 U.S.C. 1802, 1813, 1814 and 1820). Failure to provide the information will deprive VA of information needed in reaching decisions which could affect you. You are not required to furnish your Social Security number, but are urged to do so. Specifically, your Social Security number is requested under authority of 38 U.S.C 1802, 1813, 1814 and 1820. It is requested for use as a personal identifier to assist VA in obtaining your most recent address in the event your loan becomes past due. Responses may be disclosed outside the VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in 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

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, mortgage 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.)

ITEM NO.	NAME AND ADDRESS OF CREDITOR (Include Zip Code)	DATE AND PURPOSE OF DEBT (Include account number, if available)	ORIGINAL AMOUNT OF DEBT	UNPAID BALANCE	DUE MONTHLY	AMOUNT PAST DUE (If Any)
			$	$	$	$
	TOTAL		$	$	$	$

OTHER REAL ESTATE OWNED

(Show ALL real estate owned. Use this sheet to provide information for one property. If you own more than one property use separate blank sheets to provide the same items of information for each of your other properties.)

ADDRESS OF PROPERTY (Number, street, city, state)	PURCHASE PRICE	CURRENT MARKET VALUE OF PROPERTY
	$	$

NAME AND ADDRESS OF MORTGAGEE (If mortgaged)	ORIGINAL AMOUNT OF MORTGAGE	UNPAID BALANCE
	$	$

FREQUENCY OF MORTGAGE PAYMENTS	AMOUNT OF MORTGAGE PAYMENT	STATUS OF LOAN (Check)	AMOUNT OF DELINQUENCY (If Any)
[ ] MONTHLY [ ] QUARTERLY [ ] SEMI-ANNUALLY [ ] ANNUALLY	$	[ ] CURRENT [ ] DELINQUENT	$

HAVE YOU EVER BEEN ADJUDICATED BANKRUPT? [If YES, explain below(*)]	DATE ADJUDICATED BANKRUPT:
[ ] YES [ ] NO	

NAME, ADDRESS AND TELEPHONE NUMBER OF NEAREST RELATIVE.

PLEASE EXPLAIN WHY YOU HAVE BEEN UNABLE TO MAKE YOUR MONTHLY MORTGAGE PAYMENTS.

CERTIFICATIONS

I (We) AFFIRM that the information contained herein is true, correct, and complete to the best of my (our) knowledge and belief.

SIGNATURE OF BORROWER	DATE	SIGNATURE OF SPOUSE	DATE

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.