

Department of Veterans Affairs	FINANCIAL STATEMENT	1. FILE NO. C-	2. LOAN NO.
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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 coborrower or coapplicant who is not the spouse of the borrower/applicant, a separate financial statement should be completed by that person.

SECTION I - GENERAL INFORMATION

3. NAME AND PRESENT ADDRESS OF BORROWER/APPLICANT <i>(Include ZIP Code)</i>		4. HOME TELEPHONE NO. <i>(Include Area Code)</i>		5. DATE OF BIRTH	
		6. MARITAL STATUS OF BORROWER/APPLICANT		7. SOCIAL SECURITY NO. OF BORROWER/APPLICANT	
8. NAME OF SPOUSE		9. SPOUSE'S DATE OF BIRTH	10. SOCIAL SECURITY NO. OF SPOUSE		11. AGE(S) OF DEPENDENT(S)
12A. BORROWER/APPLICANT: If you do not wish to complete Items 12B and 12C, please initial here. ▶		INITIALS	13A. COBORROWER/SPOUSE: If you do not wish to complete Items 13B and 13C please initial here <i>(NOTE: Information not to be collected on a non-coborrower spouse)</i> ▶		INITIALS
12B. RACE/NATIONAL ORIGIN <input type="checkbox"/> AMERICAN INDIAN ALASKAN NATIVE <input type="checkbox"/> ASIAN PACIFIC ISLANDER <input type="checkbox"/> BLACK <i>(Not Hispanic)</i> <input type="checkbox"/> HISPANIC <input type="checkbox"/> WHITE <i>(Not Hispanic)</i>		12C. SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	13B. RACE/NATIONAL ORIGIN <input type="checkbox"/> AMERICAN INDIAN ALASKAN NATIVE <input type="checkbox"/> ASIAN PACIFIC ISLANDER <input type="checkbox"/> BLACK <i>(Not Hispanic)</i> <input type="checkbox"/> HISPANIC <input type="checkbox"/> WHITE <i>(Not Hispanic)</i>		13C. SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
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.					
<input type="checkbox"/> A. THE SPOUSE IS OR WILL BE JOINTLY OBLIGATED WITH THE BORROWER/APPLICANT ON THE LOAN.		<input type="checkbox"/> C. THE BORROWER/APPLICANT IS MARRIED AND THE PROPERTY SECURING THE LOAN IS LOCATED IN A COMMUNITY PROPERTY STATE.			
<input type="checkbox"/> B. THE BORROWER/APPLICANT IS RELYING ON THE SPOUSE'S INCOME AS A BASIS FOR REPAYMENT OF THE LOAN.		<input type="checkbox"/> D. THE BORROWER/APPLICANT IS RELYING ON ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE PAYMENTS FROM A SPOUSE OR FORMER SPOUSE AS A BASIS FOR REPAYMENT OF THE LOAN.			

SECTION II - EMPLOYMENT AND FINANCIAL STATUS

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

	A. NAME AND ADDRESS OF EMPLOYER	B. DATES <i>(Month, year)</i>		C. KIND OF JOB <i>(Mechanic, stenographer, etc.)</i>	D. WORK TELEPHONE NO.
		FROM	TO		
BORROWER /APPLICANT	(1)		PRESENT TIME		
	(2)				
SPOUSE	(1)		PRESENT TIME		
	(2)				

16. MONTHLY INCOME <small><i>Include income from business or property after deduction of expenses. Disclosure of child support, alimony and maintenance income is optional</i></small>	A. GROSS SALARY <i>(Before payroll deductions)</i>	BORROWER APPLICANT	SPOUSE	C. OTHER <i>(Specify)</i>	BORROWER APPLICANT	SPOUSE
		\$	\$			\$
	B. PENSION OR COMPENSATION			D. TOTAL MONTHLY INCOME	\$	\$

17. ASSETS

A. CASH IN BANK <i>(Checking and savings accounts, building and loan accounts, etc.)</i>		\$	F. SAVING BONDS <i>(Current value)</i>		\$
			G. STOCKS AND OTHER BONDS <i>(Current value)</i>		
B. CASH ON HAND			H. REAL ESTATE OWNED <i>(Resale value)</i>		
C. FURNITURE AND HOUSEHOLD GOODS <i>(Resale value)</i>			I. OTHER ASSETS <i>(Itemize)</i>		
D. AUTOMOBILES <i>(Resale value)</i>					
MAKE	YEAR	MODEL			
E. TRAILERS, BOATS, CAMPER'S <i>(Resale value)</i>		\$	J. TOTAL ASSETS		\$

18. 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")*

ITEM NO.	NAME AND ADDRESS OF CREDITOR <i>(Include ZIP Code)</i> A.	DATE AND PURPOSE OF DEBT <i>(Include account number, if available)</i> B.	ORIGINAL	UNPAID	AMOUNT	AMOUNT
			AMOUNT OF DEBT C.	BALANCE D.	DUE MONTHLY E.	PAST DUE <i>(If any)</i> F.
(1)			\$	\$	\$	\$
(2)						
(3)						
(4)	TOTAL ▶		\$	\$	\$	\$

PRIVACY ACT INFORMATION

Privacy Act Information: VA is asking you to provide the information on this form under Title 38, United States Code, sections 3702, 3713, 3714, and 3720. We will use the information to service your loan and to evaluate your application for release of liability and, if applicable, substitution of entitlement. VA cannot make a determination unless you provide a completed form. You are not required to furnish your Social Security number, but are urged to do so. We may need to use your social security number to obtain your most recent address if your loan becomes past due. The information you supply may be verified through a computer matching program. VA may disclose the information you put on the form as permitted by law. Responses may be disclosed outside VA only if 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. VA may make a "routine use" disclosure for civil or criminal law enforcement, congressional communication, the collection of money owed the United States, tax law reporting requirements, litigation in which the United States is a party or has an interest, the administration of VA and federal programs and delivery of VA benefits. You do not have to provide the information to VA, but if you don't, we will not have the necessary information to reach decisions that could affect you.

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 45 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.

