## 8

## **Department of Veterans Affairs**

## SERVICER'S STAFF APPRAISAL REVIEWER (SAR) APPLICATION

**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 (for example: Authorize release of information to Congress when requested on how many Servicers and/or SARs are participating in SAPP) as identified in the VA system of records, 17VA26, Loan Guaranty Fee Personnel and Program Participant Records - VA, and published in the Federal Register. Your obligation to respond is mandatory. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under 38 U.S.C. 3702(d). 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: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0715, and it expires 05/31/2027. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at <a href="VACOPaperworkReduAct@va.gov">VACOPaperworkReduAct@va.gov</a>. Please refer to OMB Control No. 2900-0715 in any correspondence. Do not send your completed VA Form 26-0829 to this email address.

IMPORTANT: Please type or print. Your answers must be legible.			
SECTION I - STAFF APPRAISAL REVIEWER (SAR) NOMINEE			
1. NAME OF NOMINEE (First, middle, last)		2. SOCIAL SECURITY NUMBER	
3. RESIDENTIAL ADDRESS (Number and street or rural route, city or P.O., State, and ZIP Code)			
4. BUSINESS NAME AND ADDRESS WHERE SAR IS LOCATED (Number and street or rural route, city or P.O., State, and ZIP Code)			
5. BUSINESS TELEPHONE NUMBER (Include Area Code)	6. 10-DIGIT VA SERVICER ID FOR OFFICE WHERE REVIEWER IS LOCATED		
7. E-MAIL ADDRESS	8. 10-DIGIT VA LENDER ID FOR ASSOCIATED VA LENDER		
STAFF APPRAISAL REVIEWER (SAR) NOMINEE'S STATEMENTS AND CERTIFICATIONS:  PREVIOUS APPROVAL: If I was previously approved by VA as either a SAPP or LAPP Staff Appraisal Reviewer, the SAR ID number assigned was  DISCLOSURE OF SANCTIONS: I have not been suspended, debarred, or had a similar sanction taken against me by any Federal or State entity or any professional organization. I am not aware of any unresolved investigation involving me. Any potential problem regarding this disclosure has been submitted to VA, and a letter from VA indicating that the problem is resolved is attached.  CONFLICTS OF INTEREST: As a SAPP Staff Appraisal Reviewer, I understand that I may not be employed by or perform appraisal review services for any other lender and may not be on the VA fee panel. I agree to report to VA any private interests or pursuits that might be considered by VA to be a conflict of interest.  APPRAISAL REVIEW EXPERIENCE: As indicated in the attached resume, statement of work experience, or evidence of HUD Direct Endorsement participation, I have the requisite experience outlined in chapter 18 of the VA Lender's Handbook.  APPRAISAL REPORT REVIEWS: I understand that all staff appraisal reviews made for VA loan liquidation purposes must be completed in accordance with the requirements in chapter 18 of the VA Lender's Handbook. I also understand that no pressure or influence is to be exerted on the appraiser to remove or change valid appraisal report information, or to reach a predetermined value for a property.			
I CERTIFY THAT my signature below affirms that the information I am providing in all of the above accurate and true, to the best of my knowledge.  9. SIGNATURE OF STAFF APPRAISAL REVIEWER (Sign in ink)		10. DATE SIGNED (MM/DD/YYYY)	

SECTION II - OFFICER RESPONSIBLE FOR QUALITY OF APPRAISAL REVIE	WER'S WORK
11. NAME AND TITLE (First, middle, last)	
12. BUSINESS NAME AND ADDRESS (Number and street or rural route, city or P.O., State, and ZIP Code)	
13. BUSINESS TELEPHONE NUMBER (Include Area Code)	
SECTION III - SENIOR OFFICER OF COMPANY	
SENIOR OFFICER'S STATEMENTS AND CERTIFICATIONS:	
STAFF APPRAISAL REVIEWER NOMINATION: The nominee is a full-time salaried employee of authorized to act on our behalf as a Staff Appraisal Reviewer. Based on our personal interview with the review of the nominee's appraisal-related capabilities and performance, we find the nominee to be qual Reviewer in accordance with the requirements in chapter 18 of the VA Lender's Handbook. We acknow any improper actions of the nominee as a Staff Appraisal Reviewer shall be imputed to the employer. the appropriate VA office(s) if we ever change or limit this recommendation, or terminate our relation	le nominee and a thorough lified as a Staff Appraisal wledge the responsibility that We agree to promptly notify
PROCESSING FEE: The \$100 processing fee for this nominee is attached.	
PROPERTIES ALREADY VALUED: Unless VA grants authorization for a specific case, this compa an appraisal for a property that already has a valid value determination for VA liquidation purposes.	ny will not knowingly request
NO APPRAISAL REVIEWS FOR/FROM OTHER LENDERS/SERVICES: Although appraisal report one lender or servicer to another, this company will not make VA <u>value determinations</u> for other mort determination for VA loan liquidation purposes that was made by another mortgage lender or servicer	gage lenders, nor use a value
NO PRESSURE/INFLUENCE ON FEE APPRAISER OR STAFF APPRAISAL REVIEWER: This c pressure or influence on the Fee Appraiser or Staff Appraisal Reviewer to remove or change appraisal reach a predetermined value for a property.	
QUALITY CONTROL SYSTEM: This company has an effective quality control or other system to enquality of its staff appraisal reviews. That system contains all of the basic elements identified in chapt Handbook.	
I CERTIFY THAT my signature below affirms that the information I am providing in all of the above st accurate and true, to the best of my knowledge.	atements and certifications are
14. SIGNATURE AND TITLE OF SENIOR OFFICER (Sign in ink)	15. DATE SIGNED (MM/DD/YYYY)

VA FORM 26-0829, MAY 2024 PAGE 2