



STATEMENT OF PURCHASER OR OWNER ASSUMING SELLER'S LOAN

INSTRUCTIONS: Please complete this form and the VA Form 26-6807, Financial Statement, and return to the office of the Department of Veterans Affairs shown below. These forms are for submission in connection with the application for release from liability to the government on a home loan filed with this office by the seller in Item 3 and in connection with an application for substitution of entitlement by a veteran purchaser and the veteran seller. In substitution of entitlement cases, also submit VA Form 26-8106, Statement of Veteran Assuming GI Loan. See reverse for Privacy and Respondent Burden Information.

SECTION I

1. ADDRESS (Complete) RETURN VA Regional Office TO: Attn: Loan Guaranty Officer	2. LOAN NUMBER
	3. NAME OF SELLER (First, middle, last) (Type or print)
	4. COMPLETE PROPERTY ADDRESS

SECTION II - (To be completed by Purchaser/s)

5. INFORMATION ON PURCHASERS AND SALE OF PROPERTY

A. NAME OF PURCHASER (First, middle, last) (Type or print)		B. NAME OF CO-PURCHASER (First, middle, last) (Type or print)	
C. ARE YOU A VETERAN OF SERVICE IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes", complete Items 5E and 5F)		D. ARE YOU A VETERAN OF SERVICE IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes", complete Items 5G and 5H)	
E. SERVICE SERIAL NUMBER	F. SOCIAL SECURITY NUMBER	G. SERVICE SERIAL NUMBER	H. SOCIAL SECURITY NUMBER
I. PRICE AGREED ON FOR THE PROPERTY \$		J. PAYMENT OF DIFFERENCE BETWEEN PURCHASE PRICE AND UNPAID BALANCE ON SELLER'S LOAN (Check one) <input type="checkbox"/> THE DIFFERENCE WILL BE PAID (OR HAS BEEN PAID) AT THE TIME PROPERTY IS (WAS) TRANSFERRED BY ME IN CASH WITHOUT BORROWING ANY PORTION THEREOF <input type="checkbox"/> IT WILL BE (OR WAS) NECESSARY FOR ME TO BORROW ALL OR A PORTION OF THE DIFFERENCE (If checked, complete Items 6A through 6G)	
K. IS AMOUNT IN ITEM 5I GREATER THAN THE UNPAID BALANCE ON SELLER'S LOAN? <input type="checkbox"/> YES <input type="checkbox"/> NO			

6. TERMS OF SALE (If additional space is needed, use reverse)

A. AMOUNT OF CASH PAID OR TO BE PAID	B. AMOUNT BORROWED (Refer to Item 5J)	C. SOURCE OF FUNDS BORROWED (Name and address)
D. IS (WAS) MORTGAGE OR DEED OF TRUST GIVEN SELLER OR OTHER PERSON?	E. AMOUNT OF OR BALANCE OF MORTGAGE OR DEED OF TRUST	F. SECURITY FOR AMOUNT BORROWED (Refer to Item 6B) (If other than mortgage or deed of trust)

G. TERMS OF REPAYMENT OF AMOUNT BORROWED (Refer to Item 6B)

AMOUNT OF PAYMENT \$	PAYMENTS MADE <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER (Specify):
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7. LIST YOUR ADDRESSES FOR PAST 5 YEARS

A. ADDRESSES (No. and street or rural route, P.O. Box, City, State and ZIP Code)	B. DATES (MM/DD/YYYY)
PURCHASER	
PURCHASER	
CO-PURCHASER	
CO-PURCHASER	

CERTIFICATIONS: I understand and agree that the attached Financial Statements are for use of the Department of Veterans Affairs and the lender who holds the mortgage on the property which I am purchasing or have purchased from the above-named seller. I also understand that VA will not examine the title to this property and that it is my responsibility to determine that the title is acceptable to me. (Depending upon your particular locality, this may be accomplished by an owner's title policy or an attorney's certificate. You may also contact the local VA regional office for additional information.) It is further understood that the release of the seller from liability to the Government on the loan or substitution of entitlement is conditioned upon my assuming all of the liabilities and obligations of the above seller arising out of the loan. This includes the liability of the seller to reimburse VA for any amount it may hereafter be required to pay, or for any loss it suffers as a result of the making, guaranty, or insurance of the seller's loan. I will assume, or have already assumed, all of the liability of the above seller arising out of the loan by written agreement in such form as VA requires.

8A. SIGNATURE OF PURCHASER (Sign in ink)	8B. DATE (MM/DD/YYYY)
9A. SIGNATURE OF CO-PURCHASER (Sign in ink)	9B. DATE (MM/DD/YYYY)

NOTE: PLEASE READ CAREFULLY BEFORE SIGNING THE FRONT OF THE FORM

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 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, and published in the Federal Register. You are required to respond to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under the Debt Collection Act of 1982. 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. No release of liability of the veteran seller may be granted unless this form has been completed and received (38 U.S.C. 3713 and 3714). This form provides information that is used in determining whether VA can approve the seller's request for release of liability to the Government on the loan. Failure to provide the requested credit information could result in disapproval of your application for a loan. Under the Debt Collection Act of 1982, VA is required to collect the social security numbers of loan applicants. Under the Financial Privacy Act of 1973, VA may obtain financial records held by financial institutions in connection with the consideration or administration of assistance to you. Such financial records will be available to VA without further notice of authorization.

RESPONDENT BURDEN: We need this information to make determinations for releases of liability as well as for credit underwriting determinations for substitution of entitlement cases. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 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 www.reginfo.gov/public/do/PRASearch.