OMB Approved No. 2900-0503
Respondent Burden: 5 minutes
Expiration Date: 12/31/2027

U.S. Department of Veterans Affairs

VETERANS MORTGAGE LIFE INSURANCE - CHANGE OF ADDRESS STATEMENT

PRIVACY ACT INFORMATION: No insurance may be converted unless a completed application form has been received (38 U.S.C. 1904 and 1942). The 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 5, Code of Federal Regulations 1.526 for routine uses as identified in VA system of records, 36VA29, Veterans and Uniformed Services Personnel Programs of U.S. Government Life Insurance - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The responses you submit are considered confidential (38 USC 5701).

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 2900-0503, and it expires 12/31/2027. 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 **vapra@va.gov**. Please refer to OMB Control No. 2900-0503 in any correspondence. Do not send your completed VA Form 29-0563 to this email address.

INSTRUCTIONS: After completing and signing this form, please mail to the DEPARTMENT OF VETERANS AFFAIRS INSURANCE CENTER, PO BOX 5209, JANESVILLE, WI 53547-5209. The fastest and most secure way to send your documents to VA Insurance is to use our document upload service at https://insurance.va.gov/home/IDU.

1. VETERAN'S NAME	2. CLAIM NUMBER
3. ADDRESS OF MORTGAGED PROPERTY	4A. HAVE YOU SOLD, OR OTHERWISE DISPOSED OF TITLE TO THE PREVIOUS HOUSING UNIT FOR WHICH VMLI WAS GRANTED ☐ YES ☐ NO 4B. DATE THE RESIDENCE WAS SOLD *(MM/DD/YYYY)*
5. DO YOU OCCUPY THE RESIDENCE AT THE ADDRESS SHOWN ABOVE? ☐ YES ☐ NO	6. AMOUNT OF FINAL PAYOFF OF THE MORTGAGE LOAN WAS:
7A. NAME AND ADDRESS OF THE LAST MORTGAGE HOLDER	7B. LOAN ACCOUNT NUMBER OF LAST MORTGAGE HOLDER

8. I HAVE PURCHASED A HOME TO BE USED AS MY RESIDENCE. I WOULD LIKE TO APPLY FOR VETERANS MORTGAGE LIFE INSURANCE IN CONNECTION WITH MY NEW MORTGAGE, PLEASE SEND AN APPLICATION

☐ YES ☐ NO

9. IF THIS FORM DOES NOT APPLY TO YOUR CIRCUMSTANCES, PLEASE EXPLAIN THE REASON FOR THE CHANGE OF ADDRESS IN THE SPACE BELOW:

10. SIGNATURE OF VETERAN	11. DATE SIGNED *(MM/DD/YYYY)*