



NOTICE OF DEFAULT AND INTENTION TO FORECLOSE

INSTRUCTIONS: See Privacy Act Information on reverse. Type or print. Note the special instructions for Items 2, 7, 10 and 14. For 38 CFR 36.4600 loans use VA Form 26-6850, NOTICE OF DEFAULT. Return copy 1 to VA. Copy 2 may be retained.

1. DATE OF THIS NOTICE	NOTE: VA LIN (loan identification number) must be numeric 12 digits.	2. VA LIN	3. PURPOSE OF LOAN <i>(Check one)</i> <input type="checkbox"/> HOME (1) <input type="checkbox"/> HOME REFINANCING (5) <input type="checkbox"/> HOME CONDO (0) <input type="checkbox"/> MANUFACTURED HOME (8)
To <i>(Complete Regional Office/Center Address)</i> DEPARTMENT OF VETERANS AFFAIRS LOAN GUARANTY DIVISION			5. HOLDER'S NAME, ADDRESS AND TELEPHONE NUMBER
			6A. SERVICING AGENT'S NAME, ADDRESS AND TELEPHONE NUMBER <i>(Complete only if different from holder shown above)</i>
			6B. SERVICER CODE <i>(6 Digits)</i>

DESCRIPTION OF DELINQUENT LOAN

NOTE: Enter number only without spaces, dashes, etc. DO NOT ENTER MORE THAN 14 CHARACTERS	1. SERVICER LOAN NUMBER	8. DATE OF FIRST UNCURED DEFAULT <i>(Example: enter 02 01 86 for February 1, 1986)</i>	9. SOCIAL SECURITY NO. <i>(Present Owners)</i>								
NOTE: In item 10A enter last name, comma, first name, and middle initial. Limit entries in Items 10A, 10B and 10C to not more than 25 characters.	10A. NAME OF PRESENT OWNER		11. COUNTY OR PARISH <i>(Property Location)</i>								
	10B. NUMBER AND STREET OR RURAL ROUTE		12. PROPERTY ADDRESS <i>(If different than 11B and 11C)</i>								
	10C. CITY AND STATE		10D. ZIP CODE								
14. DATE OF FIRST PAYMENT <i>(Per loan instruments)</i> <i>EXAMPLE: Enter 02 01 86 for February 1, 1986</i>		15. ORIGINAL VETERAN'S NAME AND PRESENT ADDRESS <i>(If different than Items 3B and 4 above).</i>									
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PRINCIPAL AND INTEREST</td> <td style="width: 50%;"></td> </tr> <tr> <td>TAX AND INSURANCE</td> <td></td> </tr> <tr> <td>OTHER</td> <td></td> </tr> <tr> <td style="text-align: center;">TOTAL</td> <td></td> </tr> </table>		PRINCIPAL AND INTEREST		TAX AND INSURANCE		OTHER		TOTAL	
PRINCIPAL AND INTEREST											
TAX AND INSURANCE											
OTHER											
TOTAL											
16. OTHER DEFAULT <i>(Specify, real estate, taxes, insurance, special assessments, etc.)</i>		17. AMOUNT OF DEFAULT									
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PRINCIPAL</td> <td style="width: 50%;"></td> </tr> <tr> <td>INTEREST</td> <td></td> </tr> <tr> <td>TAX AND INSURANCE</td> <td></td> </tr> <tr> <td style="text-align: center;">TOTAL</td> <td></td> </tr> </table>		PRINCIPAL		INTEREST		TAX AND INSURANCE		TOTAL	
PRINCIPAL											
INTEREST											
TAX AND INSURANCE											
TOTAL											
		18. OUTSTANDING LOAN BALANCE									
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. AS OF: <i>(Date)</i></td> <td style="width: 50%;">B. AMOUNT</td> </tr> <tr> <td></td> <td style="text-align: center;">\$</td> </tr> </table>		A. AS OF: <i>(Date)</i>	B. AMOUNT		\$				
A. AS OF: <i>(Date)</i>	B. AMOUNT										
	\$										

19. OCCUPANCY DATA

A. IS PROPERTY OCCUPIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	B. OCCUPANT IS <i>(Check One)</i> <input type="checkbox"/> TENANT <input type="checkbox"/> OTHER <i>(Specify)</i> <input type="checkbox"/> ORIGINAL BORROWER <input type="checkbox"/> TRANSFEREE	C. KEYS TO PROPERTY MAY BE OBTAINED FROM: <i>(If vacant)</i>
D. IF VACANT, HAVE STEPS BEEN TAKEN TO PROTECT PROPERTY?	E. POSSIBILITIES OF CURING DEFAULT HAVE BEEN EXHAUSTED?	F. WERE OTHER TRANSFEREES <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 20)</i>

20. OTHER TRANSFEREE DATA	A. NAME	B. LAST KNOWN ADDRESS	C. NAME	D. LAST KNOWN ADDRESS
21. REPOSSESSION AND / OR FORECLOSURE	A. PROCEEDINGS WILL BE INSTITUTED ON OR AFTER <i>(Date)</i>	B. PROCEEDINGS UNDER EMERGENCY PROVISIONS OF 38 CFR 36.4280(e) or 36.4317(A) WERE INSTITUTED ON <i>(Date)</i>	C. ESTIMATED COST OF FORECLOSURE AND/OR REPOSSESSION	22. VOLUNTARY CONVEYANCE DATA

HOLDERS LOAN SERVICING

23. CONTACT(S) WITH MORTGAGE OWNER	TYPE	NUMBER	24. DATES OF PROPERTY INSPECTIONS	25. CONDITION OF PROPERTY		
	LETTER/WIRE					
	FACE TO FACE					
	TELEPHONE					
26. BORROWER	A. MONTHLY INCOME	B. MONTHLY OBLIGATIONS	C. ATTITUDE TOWARD DEFAULT	D. PLACE OF EMPLOYMENT	E. WORK TELEPHONE NO.	F. HOME TELEPHONE NO.
SPOUSE						

27. REASON FOR DEFAULT AND SUMMARY OF LOAN SERVICING *(Must give complete details to support conclusion that forbearance is not warranted. Include description of broken repayment schedules or other arrangements, etc.) (If additional space is needed, continue on reverse)*

28. NAME AND TITLE OF AUTHORIZED OFFICIAL	29. SIGNATURE OF AUTHORIZED OFFICIAL
<input type="checkbox"/> HOLDER <input type="checkbox"/> SERVICING AGENT	



PRIVACY ACT INFORMATION: This form provides information which is required by 38 U.S.C. 3732(a) or 3720 so that appropriate action can be taken if default is not cured. 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 and Paralegic Grant Applicant Records - VA, published in the Federal Register.

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 for this collection is estimated to average 20 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, call 1-800-827-1000 for mailing information on where to send your comments.