



 **NMHC**
EQUAL HOUSING OPPORTUNITY

NORTHERN MARIANAS HOUSING CORPORATION

P.O. BOX 500514, Saipan, MP 96950-0514

Veterans Affairs Direct Loan Program

Tels. (670) 234-6866
234-9447
234-7689
234-7670
Fax: (670) 234-9021

Interested veterans may apply for this program. The current maximum residential housing loan is \$417,000.00 for a term of thirty (30) years. Veterans may purchase, construct or improve dwelling units. Current interest rate is _____% Prospective applicants who are in possession of their Certificate of Eligibility and DD-214 are urged to contact the Mortgage and Credit Division for an appointment. Those who have yet to obtain their Certificate of Eligibility are urged to contact the CNMI Veterans Affairs office for assistance in obtaining their certificates or may request them online at the U.S. Department of Veterans Affairs website at <http://www.va.gov/>

Preliminary documents needed when filing a VA housing loan application are as follows:

- Certificate of Eligibility (Original Copy)
- DD-214
- Verification(s) of Employment
- Verification(s) of Deposit
- Certification of Title, Deed, or Residential Homestead Permit
- Property Map
- At least six (6) most recent check stubs
- Information on other income, if any (rental, business, etc.)
- 1040 Tax Forms for the two (2) previous years
- Information on outstanding loan(s), if any
- Checking/Savings Account(s) information, if any
- Private/Individual Life Insurance Policy, if any
- NMI-Retirement Fund Contribution Record (gov't employees)
- Profit-sharing Plan (Blank or Duty Free Shop employees)
- Divorce Decree, Judgment(s) information, if any

After review of application and pertinent documents, if eligibility has been determined, including repayment ability, the following will be required:

1. house plans (map), if construction or improvement
2. Three (3) cost breakdown or estimate, if construction or improvements
3. contract of sale, if purchase

****NMHC WILL NOT ACCEPT INCOMPLETE LOAN APPLICATION****

"NMHC is a fair housing agency and an equal opportunity, lender and employer"

Rota Field Office: Tel. (670) 532-9410
Fax: (670) 532-9441

Tinian Field Office: Tel. (670) 433-9213
Fax: (670) 433-3690

Borrower's Name _____

Co-Borrower's Name _____

Schedule of Real Estate Owned

| Address of Property (Indicate S if Sold; PS if Rending Sale or R if Rental being held for income.) | % of Ownership | Type of Property | Present Market Value | Amount of Mortgages or Loans | Gross Rental Income | Mortgage Payments | Taxes, Ins., Maintenance and Misc. | Net Rental Income | Lien Position, Name & Address, Account Number |
|--|-------------------|---------------------|----------------------------|---|---------------------------|--|--|-------------------------|--|
| | | | | | | | | | |
| Street Address _____ City, State and Zip _____ | | | | \$ _____ To be paid off: YES ___ NO ___ | | Prin & Int. _____ Taxes _____ Insurance _____ H.O. Assoc. _____ Other _____ TOTAL _____ | _____ | | CONV FHA VA PRIVATE 1ST 2ND 3RD MORTGAGE Name of Lender _____ Street Address _____ City, State, Zip _____ Account # _____ |
| Street Address _____ City, State and Zip _____ | | | | \$ _____ To be paid off: YES ___ NO ___ | | Prin & Int. _____ Taxes _____ Insurance _____ H.O. Assoc. _____ Other _____ TOTAL _____ | _____ | | CONV FHA VA PRIVATE 1ST 2ND 3RD MORTGAGE Name of Lender _____ Street Address _____ City, State, Zip _____ Account # _____ |
| Street Address _____ City, State and Zip _____ | | | | \$ _____ To be paid off: YES ___ NO ___ | | Prin & Int. _____ Taxes _____ Insurance _____ H.O. Assoc. _____ Other _____ TOTAL _____ | _____ | | CONV FHA VA PRIVATE 1ST 2ND 3RD MORTGAGE Name of Lender _____ Street Address _____ City, State, Zip _____ Account # _____ |
| Street Address _____ City, State and Zip _____ | | | | \$ _____ To be paid off: YES ___ NO ___ | | Prin & Int. _____ Taxes _____ Insurance _____ H.O. Assoc. _____ Other _____ TOTAL _____ | _____ | | CONV FHA VA PRIVATE 1ST 2ND 3RD MORTGAGE Name of Lender _____ Street Address _____ City, State, Zip _____ Account # _____ |
| Street Address _____ City, State and Zip _____ | | | | \$ _____ To be paid off: YES ___ NO ___ | | Prin & Int. _____ Taxes _____ Insurance _____ H.O. Assoc. _____ Other _____ TOTAL _____ | _____ | | CONV FHA VA PRIVATE 1ST 2ND 3RD MORTGAGE Name of Lender _____ Street Address _____ City, State, Zip _____ Account # _____ |
| TOTALS: | | | | | | | | | |

Date: _____

Borrower's
signature _____

Co-borrower's
signature _____

List all real estate owned, including any you have already shown on the loan application. If you have more than one loan per property address, list each loan in a separate box. This form may be photocopied if more than five boxes are needed.



Department of Veterans Affairs

REQUEST FOR A CERTIFICATE OF ELIGIBILITY

TO

Department of Veterans Affairs
Eligibility Center
P.O. Box 20729
Winston-Salem, NC 27120

NOTE: Please read information on reverse before completing this form. If additional space is required, attach a separate sheet.

1. FIRST-MIDDLE-LAST NAME OF VETERAN
2. DATE OF BIRTH
3. VETERAN'S DAYTIME TELEPHONE NO.

4A. ADDRESS OF VETERAN (No., street or rural route, city or P.O., State and ZIP Code)
4B. E-MAIL ADDRESS OF VETERAN (If applicable)
5. MAIL CERTIFICATE OF ELIGIBILITY TO: (Complete *ONLY* if the Certificate is to be mailed to an address different from the one listed in Item 4A)
NORTHERN MARIANAS HOUSING COPORATION
P.O. BOX 500514 CK
SAIPAN, MP 96950

6. MILITARY SERVICE DATA (ATTACH PROOF OF SERVICE - SEE PARAGRAPH "D" ON REVERSE)

| A. ITEM | B. PERIODS OF ACTIVE SERVICE | | C. NAME (Show your name exactly as it appears on your separation papers or Statement of Service) | D. SOCIAL SECURITY NUMBER | E. SERVICE NUMBER (If different from Social Security No.) | F. BRANCH OF SERVICE |
|---------|------------------------------|---------|--|---------------------------|---|----------------------|
| | DATE FROM | DATE TO | | | | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |

7A. WERE YOU DISCHARGED, RETIRED OR SEPARATED FROM SERVICE BECAUSE OF DISABILITY OR DO YOU NOW HAVE ANY SERVICE-CONNECTED DISABILITIES?
 YES NO (If "Yes," complete Item 7B)
7B. VA CLAIM FILE NUMBER
C-

8. PREVIOUS VA LOANS (Must answer N/A if no previous VA home loan. DO NOT LEAVE BLANK)

| A. ITEM | B. TYPE (Home, Refinance, Manufactured Home, or Direct) | C. ADDRESS OF PROPERTY | D. DATE OF LOAN | E. DO YOU STILL OWN THE PROPERTY? (YES/NO) | F. DATE PROPERTY WAS SOLD (Submit a copy of HUD-1, Settlement Statement, if available) | G. VA LOAN NUMBER (If known) |
|---------|---|------------------------|-----------------|--|--|------------------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |

I CERTIFY THAT the statements herein are true to the best of my knowledge and belief.

9. SIGNATURE OF VETERAN (Do NOT print)
10. DATE SIGNED

FEDERAL STATUTES PROVIDE SEVERE PENALTIES FOR FRAUD, INTENTIONAL MISREPRESENTATION, CRIMINAL CONNIVANCE OR CONSPIRACY PURPOSED TO INFLUENCE THE ISSUANCE OF ANY GUARANTY OR INSURANCE BY THE SECRETARY OF VETERANS AFFAIRS.

FOR VA USE ONLY

Blank space for VA use only.

11A. DATE CERTIFICATE ISSUED
11B. SIGNATURE OF VA AGENT

INSTRUCTIONS FOR VA FORM 26-1880

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 (i.e., to a member of Congress inquiring on your behalf) 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. Your obligation to respond is required in order to determine the veteran's qualifications for a loan.

RESPONDENT BURDEN: This information is needed to help determine a veteran's qualifications for a VA-guaranteed home loan. Title 38, U.S.C., section 3702, authorizes collection of 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.whitehouse.gov/omb/library/OMB/INVA.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send your comments or suggestions about this form.

A. Mail this completed form, along with proof of service, to the Eligibility Center at P.O. Box 20729, Winston-Salem, NC 27120.

B. **Military Service Requirements for VA Loan Eligibility:** (NOTE: Cases involving other than honorable discharges will usually require further development by VA. This is necessary to determine if the service was under other than dishonorable conditions.)

1. **Wartime Service.** If you served anytime during World War II (September 16, 1940 to July 25, 1947), Korean Conflict (June 27, 1950 to January 31, 1955), or Vietnam Era (August 5, 1964 to May 7, 1975) you must have served at least 90 days on active duty and have been discharged or released under other than dishonorable conditions. If you served less than 90 days, you may be eligible if discharged because of service-connected disability.

2. **Peacetime Service.** If your service fell entirely within one of the following periods: July 26, 1947 to June 26, 1950, or February 1, 1955 to August 4, 1964, you must have served at least 181 days of continuous active duty and have been discharged or released under conditions other than dishonorable. If you entered service after May 7, 1975 but prior to September 8, 1980 (enlisted) or October 17, 1981 (officer) and completed your service before August 2, 1990, 181 days service is also required. If you served less than 181 days, you may be eligible if discharged for a service-connected disability.

3. **Service after September 7, 1980 (enlisted) or October 16, 1981 (officer) and prior to August 2, 1990.** If you were separated from service which began after these dates, you must have: (a) Completed 24 months of continuous active duty for the full period (at least 181 days) for which you were called or ordered to active duty, and been discharged or released under conditions other than dishonorable; or (b) Completed at least 181 days of active duty and been discharged under the specific authority of 10 U.S.C. 1173 (hardship discharge) or 10 U.S.C. 1171 (early out discharge), or have been determined to have a compensable service-connected disability; or (c) Been discharged with less than 181 days of service for a service-connected disability. Individuals may also be eligible if they were released from active duty due to an involuntary reduction in force, certain medical conditions, or, in some instances for the convenience of the Government.

4. **Gulf War.** If you served on active duty during the Gulf War (August 2, 1990 to a date yet to be determined), you must have: (a) Completed 24 months of continuous active duty or the full period (at least 90 days) for which you were called or ordered to active duty, and been discharged or released under conditions other than dishonorable; or (b) Completed at least 90 days of active duty and been discharged under the specific authority of 10 U.S.C. 1173 (hardship discharge), or 10 U.S.C. 1171 (early out discharge), or have been determined to have a compensable service-connected disability; or (c) Been discharged with less than 90 days of service for a service-connected disability. Individuals may also be eligible if they were released from active duty due to an involuntary reduction in force, certain medical conditions, or, in some instances, for the convenience of the Government.

5. **Active Duty Service Personnel.** If you are now on active duty, you are eligible after having served on continuous active duty for at least 181 days (90 days during the Persian Gulf War) unless discharged or separated from a previous qualifying period of active duty service.

6. **Selected Reserve Requirements for VA Loan Eligibility.** If you are not otherwise eligible and you have completed a total of 6 years in the Selected Reserves or National Guard (member of an active unit, attended required weekend drills and 2-week active duty training) and (a) Were discharged with an honorable discharge; or (b) Were placed on the retired list or (c) Were transferred to the Standby Reserve or an element of the Ready Reserve other than the Selected Reserve after service characterized as honorable service; or (d) Continue to serve in the Selected Reserve. Individuals who completed less than 6 years may be eligible if discharged for a service-connected disability.

C. **Unmarried surviving spouses of eligible veterans seeking determination of basic eligibility for VA Loan Guaranty benefits are NOT required to complete this form, but are required to complete VA Form 26-1817, Request for Determination of Loan Guaranty Eligibility-Unmarried Surviving Spouse.**

D. **Proof of Military Service**

1. **"Regular" Veterans.** Attach to this request your most recent discharge or separation papers from active military duty since September 16, 1940, which show active duty dates and type of discharge. If you were separated after January 1, 1950, DD Form 214 must be submitted. If you were separated after October 1, 1979, and you received DD Form 214, Certificate of Release or Discharge From Active Duty, 1 July edition, VA must be furnished Copy 4 of the form. You may submit either original papers or legible copies. In addition, if you are now on active duty submit a statement of service signed by, or by direction of, the adjutant, personnel officer, or commander of your unit or higher headquarters showing date of entry on your current active duty period and the duration of any time lost. Any Veterans Services Representative in the nearest Department of Veterans Affairs office or center will assist you in securing necessary proof of military service.

2. **Selected Reserves/National Guard.** If you are a discharged member of the Army or Air Force National Guard you may submit a NGB Form 22, Report of Separation and Record of Service, or NGB Form 23, Retirement Points Accounting, or its equivalent (this is similar to a retirement points summary). If you are a discharged member of the Selected Reserve you may submit a copy of your latest annual point statement and evidence of honorable service. You may submit either your original papers or legible copies. Since there is no single form used by the Reserves or National Guard similar to the DD Form 214, it is your responsibility to furnish adequate documentation of at least 6 years of honorable service. In addition, if you are currently serving in the Selected Reserve you must submit a statement of service signed by, or by the direction of, the adjutant, personnel officer or commander of your unit or higher headquarters showing the length of time that you have been a member of the unit.



Department of Veterans Affairs

VERIFICATION OF VA BENEFITS

PRIVACY ACT NOTICE: 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 1.576 for routine uses (i.e., information concerning a veteran's indebtedness to the United States by virtue of a person's participation in a benefits program administered by VA may be disclosed to any third party, except consumer reporting agencies) as identified in the VA system of records, 55VA26, Loan Guaranty Home, Condominium and Manufactured Home Loan Applicant Records, Specialty Adapted Housing Applicant Records and Vendee Loan Applicant Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The 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.

TO: NAME AND ADDRESS OF LENDER (Complete mailing address including ZIP Code)

VA REGIONAL OFFICE
LOAN GUARANTY DIVISION
P.O. BOX 50188
HONOLULU, HI 96850

INSTRUCTIONS TO LENDER

Complete this form ONLY if the veteran/applicant:

- is receiving VA disability payments; or
- has received VA disability payments; or
- would receive VA disability payments but for receipt of retired pay; or
- is surviving spouse of a veteran who died on active duty or as a result of a service-connected disability
- has filed a claim for VA disability benefits prior to discharge from active duty service

Complete Items 1 through 10. Send the completed form to the appropriate VA Regional Loan Center where it will be processed and returned to the Lender. The completed form must be retained as part of the lender's loan origination package.

1. NAME OF VETERAN (First, middle, last)

2. CURRENT ADDRESS OF VETERAN

3. DATE OF BIRTH

4. VA CLAIM FOLDER NUMBER (C-File No., if known)

5. SOCIAL SECURITY NUMBER

6. SERVICE NUMBER (If different from Social Security Number)

7. I HEREBY CERTIFY THAT I DO DO NOT have a VA benefit-related indebtedness to my knowledge. I authorize VA to furnish the information listed below.

8. I HEREBY CERTIFY THAT I HAVE HAVE NOT filed a claim for VA disability benefits prior to discharge from active duty service (I am presently still on active duty.)

9. SIGNATURE OF VETERAN

10. DATE SIGNED

FOR VA USE ONLY

The above named veteran does not have a VA benefit-related indebtedness

The veteran has the following VA benefit-related indebtedness

VA BENEFIT-RELATED INDEBTEDNESS (If any)

| TYPE OF DEBT(S) | AMOUNT OF DEBT(S) |
|-----------------|-------------------|
| | |
| | |

TERM OF REPAYMENT PLAN (If any)

Veteran is exempt from funding fee due to receipt of service-connected disability compensation of \$ _____ monthly. (Unless checked, the funding fee receipt must be remitted to VA with VA Form 26-1820, Report and Certification of Loan Disbursement)

Veteran is exempt from funding fee due to entitlement to VA compensation benefits upon discharge from service.

Veteran is not exempt from funding fee due to receipt of nonservice-connected pension of \$ _____ monthly. LOAN APPLICATION WILL REQUIRE PRIOR APPROVAL PROCESSING BY VA.

Veteran has been rated incompetent by VA. LOAN APPLICATION WILL REQUIRE PRIOR APPROVAL PROCESSING BY VA.

Insufficient information. VA cannot identify the veteran with the information given. Please furnish more complete information, or a copy of a DD Form 214 or discharge papers. If on active duty, furnish a statement of service written on official government letterhead, signed by the adjutant, personnel officer, or commanding officer. The statement should include name, birth date, service number, entry date and time lost.

SIGNATURE OF AUTHORIZED AGENT

DATE SIGNED

RESPONDENT BURDEN: We need this information to determine, establish, or verify your eligibility for VA Loan Guaranty Benefits and to determine if you are exempt from paying the VA Funding Fee. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 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.whitehouse.gov/library/omb/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



Department of Veterans Affairs

REQUEST FOR VERIFICATION OF EMPLOYMENT

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 (i.e., information verifying an applicant's employment may be disclosed to a prospective mortgagee proposing to make a guaranteed loan on the veteran applicant's behalf) 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. Your obligation to respond is voluntary, but failure to provide requested information could impede processing.

Respondent Burden: We need this information to help determine a veteran's qualifications for a VA-guaranteed loan. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 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.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

Lender or Local Processing Agency (LPA) completes Items 1 through 6 and has the applicant sign in Item 7. Forward the completed form directly to the employer named in Item 1.

Employer completes either parts II and IV or parts III and IV. Return the form directly to the lender or local processing agency named in Item 3 of part I.

PART I - REQUEST CERTIFICATION

| | |
|---|---|
| 1. NAME AND ADDRESS OF EMPLOYER | 2. NAME AND ADDRESS OF APPLICANT NORTHERN MARIANAS HOUSING COPORATION P.O. BOX 500514 SAIPAN, MP 96950 |
| 3. NAME AND ADDRESS OF LENDER OR LOCAL PROCESSING AGENT (LPA) | |

I CERTIFY THAT this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

| | |
|--|---|
| 4A. SIGNATURE OF LENDER, OFFICIAL OF LPA, OR USDA LOAN PACKAGER X | 4B. TITLE OF LENDER, OFFICIAL OF LPA, OR USDA LOAN PACKAGER |
|--|---|

| | |
|---------|-------------------|
| 5. DATE | 6. VA OR USDA NO. |
|---------|-------------------|

| | |
|---|---|
| I have applied for a mortgage loan or rehabilitation loan and stated that I am/was employed by you. My signature in the block authorizes verification of my employment information. | 7. APPLICANT'S SIGNATURE AND EMPLOYEE IDENTIFICATION X |
|---|---|

PART II - VERIFICATION OF PRESENT EMPLOYMENT

| | | | | |
|---|---|---|---|---|
| 8. PRESENT POSITION | 9. DATE OF EMPLOYMENT | 10. PROBABILITY OF CONTINUED EMPLOYMENT | 11A. PAID BY: SALARY <input type="checkbox"/> YES <input type="checkbox"/> NO COMMISSION <input type="checkbox"/> YES <input type="checkbox"/> NO | 11B. IS OVERTIME/BONUS LIKELY TO CONTINUE? OVERTIME <input type="checkbox"/> YES <input type="checkbox"/> NO BONUS <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 12. CURRENT BASE PAY <input type="checkbox"/> ANNUAL <input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> HOURLY <input type="checkbox"/> OTHER (Specify) | 14A. MONTHLY TAXABLE PAY (For Military Personnel Only) | | | |
| 13A. BASE EARNINGS YEAR-TO-DATE PAST YEAR \$ \$ | BASE PAY | CAREER C PAY | PRO PAY | |
| 13B. OVERTIME YEAR-TO-DATE PAST YEAR \$ \$ | FLIGHT PAY | OTHER (Specify) | | |
| 13C. COMMISSION YEAR-TO-DATE PAST YEAR \$ \$ | 14B. MONTHLY NONTAXABLE PAY (For Military Personnel Only) | | | |
| 13D. BONUSES YEAR-TO-DATE PAST YEAR \$ \$ | QUARTERS | VHA | CLOTHING | |
| | RATIONS | OTHER (Specify) | | |

15. REMARKS: IF PAID HOURLY, PLEASE INDICATE AVERAGE HOURS WORKED EACH WEEK DURING CURRENT AND PAST YEAR

PART III - VERIFICATION OF PREVIOUS EMPLOYMENT

| | | | | |
|---|-------------------------|-------------|----------------|----------|
| 16. SALARY/WAGE AT TERMINATION: <input type="checkbox"/> YEARLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY | BASE PAY \$ | OVERTIME \$ | COMMISSIONS \$ | BONUS \$ |
| 17. DATES OF EMPLOYMENT FROM TO | 18. REASONS FOR LEAVING | | | |
| 19. POSITION HELD | | | | |

PART IV - CERTIFICATION Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by VA or USDA Administrators.

| | | | |
|------------------------|-----------------------|--|----------|
| 20. SIGNATURE X | 21. TITLE OF EMPLOYER | 22. EMPLOYER'S TELEPHONE NO. (Include Area Code) | 23. DATE |
|------------------------|-----------------------|--|----------|

Borrower's Certificate and Authorization

CERTIFICATION

The undersigned certify the following:

1. I/We have applied for a direct mortgage loan from the Department of Veterans Affairs. In applying for the loan, I/we completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentation in the loan application or other documents, nor did I/we omit any pertinent information.
2. I/We understand and agree that the Department of Veterans Affairs direct mortgage loan review process is a full documentation program. This includes verifying the information provided on the application with the employer and/or the financial institution.
3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statement when applying for the mortgage, as application under the provisions of Title 18, United States Code, Section 1001, et. seq.

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

1. I/We have applied for a direct mortgage loan from the Department of Veterans Affairs. As part of the application process, the Department of Veterans Affairs may verify information contained in my/our loan application and in other documents required in the connection the loan either before the loan is closed or as part of its quality control/audit, I/we agree to cooperate fully with the Department of Veterans Affairs.
2. I/We authorize you to provide the Department of Veteran Affairs any and all information and document that they request. Such as information includes, but in not limited to employment history and income, bank, money market, and similar account balances; credit history, and copies of income tax returns.
3. The Department of Veteran Affairs may address the authorization to any part named in the loan application.
4. A copy of the authorization may be accepted as an original.
5. Your prompt reply to the Department of Veteran Affairs is appreciated.

Borrower's Signature

Social Security No.

Date

Co-Borrower's Signature

Social Security No.

Date

Uniform Residential Loan Application

This application is designed to be completed by the applicant(s) with the Lender's assistance. Applicants should complete this form as "Borrower" or "Co-Borrower," as applicable. Co-Borrower information must also be provided (and the appropriate box checked) when the income or assets of a person other than the Borrower (including the Borrower's spouse) will be used as a basis for loan qualification or the income or assets of the Borrower's spouse or other person who has community property rights pursuant to state law will not be used as a basis for loan qualification, but his or her liabilities must be considered because the spouse or other person has community property rights pursuant to applicable law and Borrower resides in a community property state, the security property is located in a community property state, or the Borrower is relying on other property located in a community property state as a basis for repayment of the loan.

If this is an application for joint credit, Borrower and Co-Borrower each agree that we intend to apply for joint credit (sign below):

| | | | |
|---|--------------------|--|---|
| Borrower | Co-Borrower | I. TYPE OF MORTGAGE AND TERMS OF LOAN | |
| Mortgage Applied for: <input type="checkbox"/> VA <input type="checkbox"/> Conventional <input type="checkbox"/> Other (explain): <input type="checkbox"/> FHA <input type="checkbox"/> USDA/Rural Housing Service | | Agency Case Number | Lender Case Number |
| Amount \$ | Interest Rate % | No. of Months | Amortization Type: <input type="checkbox"/> Fixed Rate <input type="checkbox"/> Other (explain): <input type="checkbox"/> GPM <input type="checkbox"/> ARM (type): |

| | | | | | |
|---|------------------|--------------------------|---|------------------------------------|---|
| II. PROPERTY INFORMATION AND PURPOSE OF LOAN | | | | | |
| Subject Property Address (street, city, state & ZIP) | | | | | No. of Units |
| Legal Description of Subject Property (attach description if necessary) | | | | | Year Built |
| Purpose of Loan <input type="checkbox"/> Purchase <input type="checkbox"/> Construction <input type="checkbox"/> Other (explain): <input type="checkbox"/> Refinance <input type="checkbox"/> Construction-Permanent | | | Property will be: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Investment | | |
| <i>Complete this line if construction or construction-permanent loan.</i> | | | | | |
| Year Lot Acquired | Original Cost \$ | Amount Existing Liens \$ | (a) Present Value of Lot \$ | (b) Cost of Improvements \$ | Total (a + b) \$ |
| <i>Complete this line if this is a refinance loan.</i> | | | | | |
| Year Acquired | Original Cost \$ | Amount Existing Liens \$ | Purpose of Refinance | Describe Improvements | <input type="checkbox"/> made <input type="checkbox"/> to be made |
| Title will be held in what Name(s) | | | | Manner in which Title will be held | Estate will be held in: <input type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold (show expiration date) |
| Source of Down Payment, Settlement Charges, and/or Subordinate Financing (explain) | | | | | |

| | | | | | | | | | | | |
|---|--|---|------------------|---|------------------------|---|------------------------------|--------------------|-------------|---|--|
| Borrower | | | | III. BORROWER INFORMATION | | | | Co-Borrower | | | |
| Borrower's Name (include Jr. or Sr. if applicable) | | | | Co-Borrower's Name (include Jr. or Sr. if applicable) | | | | | | | |
| Social Security Number | | Home Phone (incl. area code) | DOB (mm/dd/yyyy) | Yrs. School | Social Security Number | | Home Phone (incl. area code) | DOB (mm/dd/yyyy) | Yrs. School | | |
| <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed) | | Dependents (not listed by Co-Borrower) | | <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed) | | Dependents (not listed by Borrower) | | | | | |
| Present Address (street, city, state, ZIP) | | <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs. | | Present Address (street, city, state, ZIP) | | <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs. | | | | | |
| Mailing Address, if different from Present Address | | | | Mailing Address, if different from Present Address | | | | | | | |
| <i>If residing at present address for less than two years, complete the following:</i> | | | | | | | | | | | |
| Former Address (street, city, state, ZIP) | | | | <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs. | | Former Address (street, city, state, ZIP) | | | | <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs. | |

| | | | | | | | | | | | |
|--|--|--|---|-----------------------------------|--|--|---|--------------------|--|--|--|
| Borrower | | | | IV. EMPLOYMENT INFORMATION | | | | Co-Borrower | | | |
| Name & Address of Employer | | <input type="checkbox"/> Self Employed | Yrs. on this job | Name & Address of Employer | | <input type="checkbox"/> Self Employed | Yrs. on this job | | | | |
| | | | Yrs. employed in this line of work/profession | | | | Yrs. employed in this line of work/profession | | | | |
| Position/Title/Type of Business | | Business Phone (incl. area code) | | Position/Title/Type of Business | | Business Phone (incl. area code) | | | | | |
| <i>If employed in current position for less than two years or if currently employed in more than one position, complete the following:</i> | | | | | | | | | | | |

| Borrower | | IV. EMPLOYMENT INFORMATION (cont'd) | | | | Co-Borrower | |
|---------------------------------|--|-------------------------------------|----------------------------------|--|-------------------|-------------|--|
| Name & Address of Employer | <input type="checkbox"/> Self Employed | Dates (from - to) | Name & Address of Employer | <input type="checkbox"/> Self Employed | Dates (from - to) | | |
| | | Monthly Income | | | Monthly Income | | |
| | | \$ | | | \$ | | |
| Position/Title/Type of Business | Business Phone (incl. area code) | Position/Title/Type of Business | Business Phone (incl. area code) | | | | |
| Name & Address of Employer | <input type="checkbox"/> Self Employed | Dates (from - to) | Name & Address of Employer | <input type="checkbox"/> Self Employed | Dates (from - to) | | |
| | | Monthly Income | | | Monthly Income | | |
| | | \$ | | | \$ | | |
| Position/Title/Type of Business | Business Phone (incl. area code) | Position/Title/Type of Business | Business Phone (incl. area code) | | | | |

| V. MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION | | | | | | |
|---|----------|-------------|-------|----------------------------------|---------|----------|
| Gross Monthly Income | Borrower | Co-Borrower | Total | Combined Monthly Housing Expense | Present | Proposed |
| Base Empl. Income* | \$ | \$ | \$ | Rent | \$ | |
| Overtime | | | | First Mortgage (P&I) | | \$ |
| Bonuses | | | | Other Financing (P&I) | | |
| Commissions | | | | Hazard Insurance | | |
| Dividends/Interest | | | | Real Estate Taxes | | |
| Net Rental Income | | | | Mortgage Insurance | | |
| Other (before completing, see the notice in "describe other income," below) | | | | Homeowner Assn. Dues | | |
| | | | | Other: | | |
| Total | \$ | \$ | \$ | Total | \$ | \$ |

* Self Employed Borrower(s) may be required to provide additional documentation such as tax returns and financial statements.

Describe Other Income

Notice: Alimony, child support, or separate maintenance income need not be revealed if the Borrower (B) or Co-Borrower (C) does not choose to have it considered for repaying this loan.

| B/C | Monthly Amount |
|-----|----------------|
| | \$ |
| | |
| | |

VI. ASSETS AND LIABILITIES

This Statement and any applicable supporting schedules may be completed jointly by both married and unmarried Co-Borrowers if their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise, separate Statements and Schedules are required. If the Co-Borrower section was completed about a non-applicant spouse or other person, this Statement and supporting schedules must be completed about that spouse or other person also.

Completed Jointly Not Jointly

| ASSETS | | Cash or Market Value | LIABILITIES | | |
|---|----|----------------------|---|--------------------------------------|----------------|
| Description | | \$ | Liabilities and Pledged Assets. List the creditor's name, address, and account number for all outstanding debts, including automobile loans, revolving charge accounts, real estate loans, alimony, child support, stock pledges, etc. Use continuation sheet, if necessary. Indicate by (*) those liabilities, which will be satisfied upon sale of real estate owned or upon refinancing of the subject property. | | |
| Cash deposit toward purchase held by: | | \$ | Name and address of Company | Monthly Payment & Months Left to Pay | Unpaid Balance |
| <i>List checking and savings accounts below</i> | | | | \$ Payment/Months | \$ |
| Name and address of Bank, S&L, or Credit Union | | | Name and address of Company | \$ Payment/Months | \$ |
| Acct. no. | \$ | | Acct. no. | \$ Payment/Months | \$ |
| Name and address of Bank, S&L, or Credit Union | | | Name and address of Company | \$ Payment/Months | \$ |
| Acct. no. | \$ | | Acct. no. | \$ Payment/Months | \$ |
| Name and address of Bank, S&L, or Credit Union | | | Name and address of Company | \$ Payment/Months | \$ |
| Acct. no. | \$ | | Acct. no. | \$ Payment/Months | \$ |

VI. ASSETS AND LIABILITIES (cont'd)

| | | | | | |
|---|----|--|----|----------------------|----|
| Name and address of Bank, S&L, or Credit Union | | Name and address of Company | | \$ Payment/Months | \$ |
| Acct. no. | \$ | Acct. no. | | | |
| Stocks & Bonds (Company name/ number & description) | | Name and address of Company | | \$ Payment/Months | \$ |
| | \$ | Acct. no. | | | |
| Life insurance net cash value | | Name and address of Company | | \$ Payment/Months | \$ |
| Face amount: \$ | | | | | |
| Subtotal Liquid Assets | | | | | |
| Real estate owned (enter market value from schedule of real estate owned) | | | | | |
| Vested interest in retirement fund | | | | | |
| Net worth of business(es) owned (attach financial statement) | | Acct. no. | | | |
| Automobiles owned (make and year) | | Alimony/Child Support/Separate Maintenance Payments Owed to: | | \$ | |
| Other Assets (itemize) | | Job-Related Expense (child care, union dues, etc.) | | \$ | |
| | | Total Monthly Payments | | \$ | |
| Total Assets a. | | Net Worth (a minus b) | \$ | Total Liabilities b. | \$ |

Schedule of Real Estate Owned (If additional properties are owned, use continuation sheet.)

| Property Address (enter S if sold, PS if pending sale or R if rental being held for income) | Type of Property | Present Market Value | Amount of Mortgages & Liens | Gross Rental Income | Mortgage Payments | Insurance, Maintenance, Taxes & Misc. | Net Rental Income |
|---|------------------|----------------------|-----------------------------|---------------------|-------------------|---------------------------------------|-------------------|
| | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Totals | \$ | \$ | \$ | \$ | \$ | \$ |

List any additional names under which credit has previously been received and indicate appropriate creditor name(s) and account number(s):

| Alternate Name | Creditor Name | Account Number |
|----------------|---------------|----------------|
| | | |

VII. DETAILS OF TRANSACTION

VIII. DECLARATIONS

| a. Purchase price | \$ | If you answer "Yes" to any questions a through i, please use continuation sheet for explanation. | Borrower | | Co-Borrower | |
|---|----|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | Yes | No | Yes | No |
| b. Alterations, improvements, repairs | | a. Are there any outstanding judgments against you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Land (if acquired separately) | | b. Have you been declared bankrupt within the past 7 years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Refinance (incl. debts to be paid off) | | c. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Estimated prepaid items | | d. Are you a party to a lawsuit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Estimated closing costs | | e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. PMI, MIP, Funding Fee | | (This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee. If "Yes," provide details, including date, name, and address of Lender, FHA or VA case number, if any, and reasons for the action.) | | | | |
| h. Discount (if Borrower will pay) | | | | | | |
| i. Total costs (add items a through h) | | | | | | |

VII. DETAILS OF TRANSACTION

VIII. DECLARATIONS

| | | If you answer "Yes" to any questions a through i, please use continuation sheet for explanation. | Borrower | | Co-Borrower | |
|----|--|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | Yes | No | Yes | No |
| j. | Subordinate financing | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. | Borrower's closing costs paid by Seller | f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | g. Are you obligated to pay alimony, child support, or separate maintenance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. | Other Credits (explain) | h. Is any part of the down payment borrowed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | i. Are you a co-maker or endorser on a note? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. | Loan amount (exclude PMI, MIP, Funding Fee financed) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. | PMI, MIP, Funding Fee financed | j. Are you a U.S. citizen? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | k. Are you a permanent resident alien? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. | Loan amount (add m & n) | l. Do you intend to occupy the property as your primary residence? If "Yes," complete question m below. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. | Cash from/to Borrower (subtract j, k, l & o from i) | m. Have you had an ownership interest in a property in the last three years? (1) What type of property did you own—principal residence (PR), second home (SH), or investment property (IP)? (2) How did you hold title to the home—by yourself (S), jointly with your spouse (SP), or jointly with another person (O)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

IX. ACKNOWLEDGEMENT AND AGREEMENT

Each of the undersigned specifically represents to Lender and to Lender's actual or potential agents, brokers, processors, attorneys, insurers, servicers, successors and assigns and agrees and acknowledges that: (1) the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of this information contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in the criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1001, et seq.; (2) the loan requested pursuant to this application (the "Loan") will be secured by a mortgage or deed of trust on the property described in this application; (3) the property will not be used for any illegal or prohibited purpose or use; (4) all statements made in this application are made for the purpose of obtaining a residential mortgage loan; (5) the property will be occupied as indicated in this application; (6) the Lender, its servicers, successors or assigns may retain the original and/or an electronic record of this application, whether or not the Loan is approved; (7) the Lender and its agents, brokers, insurers, servicers, successors, and assigns may continuously rely on the information contained in the application, and I am obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented herein should change prior to closing of the Loan; (8) in the event that my payments on the Loan become delinquent, the Lender, its servicers, successors or assigns may, in addition to any other rights and remedies that it may have relating to such delinquency, report my name and account information to one or more consumer reporting agencies; (9) ownership of the Loan and/or administration of the Loan account may be transferred with such notice as may be required by law; (10) neither Lender nor its agents, brokers, insurers, servicers, successors or assigns has made any representation or warranty, express or implied, to me regarding the property or the condition or value of the property; and (11) my transmission of this application as an "electronic record" containing my "electronic signature," as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or my facsimile transmission of this application containing a facsimile of my signature, shall be as effective, enforceable and valid as if a paper version of this application were delivered containing my original written signature.

Acknowledgement. Each of the undersigned hereby acknowledges that any owner of the Loan, its servicers, successors and assigns, may verify or reverify any information contained in this application or obtain any information or data relating to the Loan, for any legitimate business purpose through any source, including a source named in this application or a consumer reporting agency.

| | | | |
|----------------------------------|------|-------------------------------------|------|
| Borrower's Signature X | Date | Co-Borrower's Signature X | Date |
|----------------------------------|------|-------------------------------------|------|

X. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

| | |
|---|---|
| BORROWER <input type="checkbox"/> I do not wish to furnish this information | CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information |
| Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino |
| Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White | Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White |
| Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male | Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male |

| | |
|--|--|
| To be Completed by Loan Originator: This information was provided: <input type="checkbox"/> In a face-to-face interview <input type="checkbox"/> In a telephone interview <input type="checkbox"/> By the applicant and submitted by fax or mail <input type="checkbox"/> By the applicant and submitted via e-mail or the Internet | |
| Loan Originator's Signature X | Date |
| Loan Originator's Name (print or type) | Loan Originator Identifier |
| Loan Origination Company's Name | Loan Origination Company Identifier |
| | Loan Originator's Phone Number (including area code) |
| | Loan Origination Company's Address |

CONTINUATION SHEET/RESIDENTIAL LOAN APPLICATION

Use this continuation sheet if you need more space to complete the Residential Loan Application. Mark B for Borrower or C for Co-Borrower.

| | |
|--------------|---------------------|
| Borrower: | Agency Case Number: |
| Co-Borrower: | Lender Case Number: |

| | HOUSEHOLD MEMBERS | RELATIONSHIP TO HEAD | AGE | SOCIAL SECURITY NUMBER | EMPLOYED Yes/No | STUDENT Yes/No |
|----|-------------------|----------------------|-----|------------------------|-----------------|----------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
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| 19 | | | | | | |
| 20 | | | | | | |

I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

| | | | |
|---------------------------|------|------------------------------|------|
| Borrower's Signature X | Date | Co-Borrower's Signature X | Date |
|---------------------------|------|------------------------------|------|