

REPORT OF HAZARD INSURANCE LOSS

Servicer: _____
Street Address or P.O. Box: _____
City, State, and Zip Code: _____

Issuer Name: ***Veterans Housing Assistance Program***
Bond Issue Number: _____
Issuer Loan Number: _____
Servicer Loan Number: _____

Present Mortgagor(s): _____
Property Address: _____

Current Unpaid Principal Balance: \$ _____
Due Date: _____
Date of loss: _____
Cost to Repair (Estimate if necessary): \$ _____

Loss Drafts or checks in the amount of \$ _____ have been received in connection with the settlement of the loss sustained by the property securing this mortgage loan: (Attach copy of insurance company's breakdown of the settlement amount between personal and real property).

Description of the nature and extent of the loss or damage:

Loss or Damage Exceeding \$2,000.00:

- () The Mortgagor has been authorized to proceed to repair the loss or damage to the property.
- () The property has suffered damage amounting to a total or near total loss. The insurance claim proceeds have been applied to the loan balance.

Name, Title, and Signature of Servicer's Authorized Officer: _____

CERTIFICATION

This is to certify that this property has been restored to its original condition. This certification is the result of an on-site inspection of the property securing the mortgage loan.

Name, Title, and Signature of Servicer's Authorized Officer: _____