



PHONE: (714) 429-1212

FAX: (714) 850-9328

DATE: \_\_\_\_\_

REQUESTING COMPANY: \_\_\_\_\_

REQUESTING PROCESSOR: \_\_\_\_\_

YOUR PHONE #: \_\_\_\_\_ YOUR FAX: \_\_\_\_\_

**REQUEST FOR VA CASE ASSIGNMENT**

CIRCLE APPROPRIATE CHOICES

1. ASSIGNMENT TYPE:            04 APPRAISER ASSIGNMENT  
   05 LOAN NUMBER ONLY
2. APPRAISAL TYPE:            1 INDIVIDUAL ORIGINATION CASE  
   2 LENDER APPRAISAL PROCESSING PROCEDURE (LAPPP)  
   3 LIQUIDATION OF GI LOAN  
   4 LIQUIDATION OF PORTFOLIO LOAN  
   5 USED MANUFACTURED HOME

3. NUMBER OF UNITS: \_\_\_\_\_ 4. SALES PRICE \$ \_\_\_\_\_

5. CONDO/PUD            C-CONDO            P-PUD            N-EITHER  
   (MUST HAVE IF CONDO/PUD)    VA CONDO/PUD ID# \_\_\_\_\_

6. CONSTRUCTION CODE: E-EXISTING    P-PROPOSED    L-LESS THAN A YEAR

6a. BUILDERS NAME (IF "P" OF "L") \_\_\_\_\_

6b. BUILDERS PHONE (            ) \_\_\_\_\_

7. SUBJECT PROPERTY INFORMATION:

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
COUNTY

LOT & TRACT (REQUIRED ON ALL REQUESTS): \_\_\_\_\_

**BORROWER INFORMATION:**

8. VETERAN'S NAME: \_\_\_\_\_

FIRST

MI

LAST

9. PRESENT MAILING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO ORDER CERTIFICATE OF ELIGIBILITY PLEASE COMPLETE THE FOLLOWING: Provide DD214**

FIRST NAME		MIDDLE INITIAL		LAST NAME		SUFFIX	
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SOCIAL SECURITY NUMBER		DATE OF BIRTH		SERVICE NUMBER (IF DIFFERENT FROM SS#)	
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**NAME USED IN MILITARY (PLEASE FILL IN NAME IF NAME IS DIFFERENT FROM THE NAME ABOVE:**

FIRST NAME		MIDDLE INITIAL		LAST NAME		SUFFIX	
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IS VETERAN ON ACTIVE DUTY?  YES  NO    PREVIOUS VA LOANS?  YES  NO

**WARNING: IT IS A FEDERAL CRIME TO KNOWINGLY PROVIDE FALSE OR MISLEADING INFORMATION IN ORDER TO ESTABLISH ELIGIBILITY FOR THE HOME LOAN PROGRAM**