



VA SPONSORSHIP FORM

Agents Name (Broker): \_\_\_\_\_

Agent's DBA: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

States Loans will be originated in (list all): \_\_\_\_\_

\_\_\_\_\_

Agent Phone: \_\_\_\_\_ Agent Email: \_\_\_\_\_

VA ID: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

UFF Account Executive: \_\_\_\_\_

IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM, PLES AE CONTACT YOUR ACCOUNT EXECUTIVE

**PLEASE COMPLETE THIS FORM, ATTACH A COMPANY CHECK IN THE AMOUNT OF \$100 MADE PAYABLE TO "DEPARTMENT OF VETERAN AFFAIRS"**

**MAIL THIS FORM AND CHECK TO:**

UNITED FIDELITY FUNDING

ATT: VA AGENT APPROVAL

18881 VON KARMAN AVE, SUITE 1100

IRVINE, CA 92612