

Insurance Policy Special Consideration Form
Virginia Housing Rental Servicing

Loan No.:
Borrower/Name Insured:
Property Name:
Policy Number:
Policy Effective Dates:

<p>Define Requirement: Please define the insurance requirement requesting special consideration:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Reason: Please explain the reason for requesting special consideration or waiver of the requirement:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

* _____
Requestors Name (Borrower/Financial Contact) Date

APPROVED: _____

DECLINED: _____

Approval with Required Condition: _____

* _____
Supervisor, Rental Servicing Date