

COMMONWEALTH OF VIRGINIA Department of Criminal Justice Services P.O. Box 1300 • Richmond, VA 23218 Phone: (804) 786-4700 • Fax: (804) 786-6344 www.dcjs.virginia.gov/pss

DCUS ID # 99- Last Name: First Name: M: Please Select Appropriate Category(s) Real Estate Cash Certificate of Deposit PART I - Cash Cash accounts must be held by an FCIC-insured financial institution pursuant §9.1-185 of the Code of Virginia. Please attach a Control Agreement Form for each account pledged as collateral. The Control Agreement Form must be signed by the appropriate of Moreovy must be attached for each account in which the applicant is not the sole owner. Please list each individual account (if additional space is needed, you may photocopy this form and attach.) Name(s) on Account: Name and Address of Financial Institution: Type of Account: Account Number: Account Value: Amount Pledged: PART 2 - Certificate of Deposit Casting for an account (if additional space is needed, you may photocopy this form and attach.) Mame and Address of Financial Institution: Type of Account: Account Number: Account Value: Amount Pledged: Please attache 1 Copposit Certificate of Deposit must be issued by an FDIC-insured financial institution pursuant to §9.		ndsman –	PROPERTY CC)LLATE	RAL VER	FICATIO		
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PART 3 – Real Estate

 Please attach a <u>Title Certificate Report</u> for each individual property pledged as collateral. The Title Certificate Report must be completed by an insured title abstractor. 								
 Please attach a separate Deed of Trust for each property according to the type of ownership. 								
 A <u>Special Power of Attorney</u> must be attached for each property in which the applicant is not the sole owner. 								
Please list each individual property (If additional space is needed, you may photocopy this form and attach.)								
Physical Address of Property:								
*Value as reflected on appraisal or tax assessment: \$	Total Lien or Obligation: \$	Total Equity Pledged: \$						
Physical Address of Property:								
*Value as reflected on appraisal or tax assessment: \$	Total Lien or Obligation: \$	Total Equity Pledged: \$						
Physical Address of Property:								
*Value as reflected on appraisal or tax assessment: \$	Total Lien or Obligation: \$	Total Equity Pledged: \$						
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Physical Address of Property:								
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Physical Address of Property:								
*Value as reflected on appraisal or tax assessment: \$	Total Lien or Obligation: \$	Total Equity Pledged: \$						
Physical Address of Property:								
*Value as reflected on appraisal or tax assessment: \$	Total Lien or Obligation: \$	Total Equity Pledged: \$						

Affidavit							
(initial)	I, the undersigned, certify that all information of best of my knowledge and I have not omitted		and correct to the				
(initial)	I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial of my application and may result in civil or criminal penalties.						
(initial)		I understand that any misrepresentation, falsification or omission of pertinent information may be forwarded to the Commonwealth's Attorney Office for criminal prosecution.					
(initial)	I understand that any misrepresentation, falsification or omission of pertinent information may result in criminal charges, including but not limited to feloniously forging and uttering a public document in violation of <i>Va. Code</i> § 18.2-168.						
(initial)	I understand that I am responsible for maintai applicable regulations relating to Surety and P						
To the best of my knowledge, the total amount of equity in the real estate and/or other collateral at the time of submission of this affidavit is \$ The total value of real estate and/or collateral listed above is \$ and to the best of my knowledge \$ is the amount due under any and all obligations secured by a lien or similar encumbrance against the real estate including real estate taxes, or secured by a pledge of or security interest affecting such property as of the date of submission of this affidavit.							
I hereby grant permission for the Virginia Department of Criminal Justice Services to contact any person/entity listed on this form to verify the information, balances, etc. reported on this form. I hold harmless any creditor, business or individual for verifying/reporting information contained on this application.							
Print Name:							
	Signature of Bondsman		Date				
	NOTAR	Y					
Commonwealth of		County/City:					
Subscribed and sv	worn to before me this	day of	, 20				
My Commission E	xpires:						
Notary Registratio	n Number:						
Notary Name (print	:):						
Signature:		Date:					