

PLEASE CIRCLE ONE:  
HECM / GENERATION PLUS



## REVERSE MORTGAGE COUNSELING AUTHORIZATION FORM

DATE: \_\_\_\_\_ LOAN OFFICER: \_\_\_\_\_

LENDER: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

ESTIMATED PROPERTY VALUE: \$ \_\_\_\_\_ 1ST/2ND MORTGAGE BALANCE: \$ \_\_\_\_\_

**Instructions:** This counseling authorization form must be signed by the borrower(s) before the loan is funded. This allows a HECM counselor to call and start the required counseling session. **You may make copies of this form.**

### BORROWER INFORMATION

PRIMARY BORROWER: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MOBILE PHONE: (\_\_\_\_\_) \_\_\_\_\_ FAX PHONE: (\_\_\_\_\_) \_\_\_\_\_

RACE: \_\_\_\_\_ INCOME: \$ \_\_\_\_\_ BEST TIME TO CALL: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

### CO-BORROWER INFORMATION, IF FOR A JOINT ACCOUNT

SECONDARY BORROWER: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MOBILE PHONE: (\_\_\_\_\_) \_\_\_\_\_ FAX PHONE: (\_\_\_\_\_) \_\_\_\_\_

RACE: \_\_\_\_\_ INCOME: \$ \_\_\_\_\_ BEST TIME TO CALL: \_\_\_\_\_

### COUNSELING DISCLOSURE:

I hereby authorize \_\_\_\_\_ to submit and register my information into DirectConnect Reverse Mortgage Counseling Services to receive the necessary official housing counseling certificate. I understand that a HUD approved counseling agency will be calling me to perform the required official housing counseling session for my reverse mortgage.

SIGNATURE OF BORROWER: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF CO-BORROWER: \_\_\_\_\_ DATE: \_\_\_\_\_

**Note:** Lender must retain this authorization form to be included in the borrower's file.