

PLEASE CIRCLE ONE:
HECM / INDEPENDENCE PLAN



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.