Home Equity Conversion Mortgage Counseling Session Evaluation

U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner OMB Approval No. xxxx-xxxx (Exp. Xxxxxxxxxx)

Counseling Agency Name and Address (completed by HUD office)

A "Reverse Mortgage" pays a homeowner loan proceeds drawn from accumulated home equity and that requires no repayment until a future time. A HUD approved reverse mortgage is called a Home Equity Conversion Mortgage (HECM). The following questions below relate to your HECM counseling experience.

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1.	ow did you hear about the HECM program?		7. Where did the counseling take place?					
	☐AARP website, handout ☐ I or referral	Lender		☐ In your home		Counselor's office		
	HUD Staff or HUD website Television/radio ad			☐ In private setting	Ш	On the telephone		
				Other:				
	☐Newspaper or other ☐ publication	Family member	8. Was the setting in which the counseling was conducted					
	Senior fair or local program Estate planning firm		private so that no one could hear your conversation to insure					
				confidentiality?				
	Uother:			□Yes	□No			
2.	How did you hear about the counseling agency you utilized?			□ res	□ NO			
				How many times did you meet with your counselor?				
	HUD Staff or HUD website Lender referral			(number of meetings, not counting initial intake call) and for how long?				
	Local community action program	ı □ AARP		☐ 15 to 30 minutes	□ 30 minເ	ites to 1 hour		
	\square State and/or local office on aging	\Box Estate planning firm		☐1 hour or more	Other:			
	Random selection provided by Lender Automated online referral system		10.	0. a. Did the agency charge you a fee for the couns				
	Other:			☐Yes	☐ No			
3.	Who interviewed you when you first contacted the counseling agency?		b. If "Yes," how much was the charge for the counseling service?					
	☐ A receptionist	\square A counselor						
1	Were you provided with a basis information package			c. Did the counselor expla		for the charges?		
4.	Were you provided with a basic information package directly related to your specific situation in advance of your			☐Yes	∐ No			
	counseling session?	П.,		d. If "Yes," did you find the	e fees reasor	nable?		
	∐ Yes	∐ No		Yes	□No			
5.	. If you answered "Yes" to question 4, did the information package contain information on the various HECM options available, the payment options and the amortization		11.	Did the counselor disclose to you, at any time, any relationship it may have with a specific lender or bank?				
	sheets?			∐ Yes	∐ No			
	∐ Yes	∐ No	12.	Did the counselor provide you with information about other				
6.	Was the counselor knowledgeable of the HECM program?			reverse mortgage programs or alternatives to reverse mortgages?				
	Yes	□No		Yes		0		

	. Which alternatives to a HECM were discussed? (check all that apply)		17. Did the counselor discuss the pros and cons and potential pitfalls of purchasing an annuity with your HECM proceeds?			
	Credit counseling	Medicaid	□Yes	□No		
	☐ Home equity/refinance ☐ Selling/moving ☐ Home repair loan/grant ☐ Health/Social Services	☐ Prescription drug program ☐ Property tax/deferral ☐ Family support ☐ Reverse mortgage program	whether you should	nake a specific recommendation as to or should not obtain a HECM? No were necessary, would you:		
	Other:		\Box Go to the same co	ounselor/counseling agency		
	. Did the counselor make any specific recommendations regarding which lender to utilize?		Go to another age	ency (briefly describe why)		
	☐Yes	□No		iscuss your current financial situation Iget or financial analysis with you?		
	Did the counselor make any specific recommendations about what mortgage product you should obtain?		☐Yes	□No		
	Yes	□No	21. As of today, have yo	ou:		
	. Did the counselor advise you of the potential impact a HECM loan may have on the following?		☐ Applied for a HECM/reverse mortgage ☐ Decided not to apply			
	☐ Inheritance of property	☐ Medicare	☐ Undecided			
	☐ Property tax and insurance ☐ Medicaid ☐ Other retirement programs ☐ Social security		\square Applied for an alternative program (specify which)			
Plea	se use the remaining space to	o provide any other comments you	may have regarding your o	counseling experience.		
may r This i the re	hing existing data sources, gatherir not conduct or sponsor, and a perso nformation is collected in connectio equirements of the Notice of Fundin	n of information is estimated to average 10 ng and maintaining the data needed, and c on is not required to respond to, a collectio on with HUD's Housing Counseling Prograr g Availability (NOFA) and to assign points under Section 106 of the Housing and Cor	completing and reviewing the col n information unless that collecti n, and will be used by HUD to do for awarding grant funds on a co	lection of information. This agency ion displays a valid OMB control number. etermine that the grant applicant meets		

and no assurance of confidentiality is provided.

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