

**Application for Home Equity
Conversion Mortgage (HECM)
Counselor Roster**

HUD OMB Approved No. 2502-0586
(exp. xx/xx/xxxx)

Public Reporting Burden Statement: Public Reporting Burden for this collection of information is estimated to average 2 hours per response, including the time to conduct the counseling session, assess the client/prospective Borrower's understanding of the mortgage terms and conditions, review the collection of information, and complete this form. Provision of the information requested in this form is required to obtain mortgage financing. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 4176, Washington, DC 20410-5000, or email: PaperworkReductionActOffice@hud.gov. When providing comments, please refer to OMB Approval 2502-0586. Do not send completed forms to this address. HUD may not collect this information, and you are not required to complete this form, unless the form has a currently valid OMB control number.

Privacy Act Information: The Office of Housing Counseling is responsible for administration of the Department's Housing Counseling Program, authorized by Section 106 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701w and 1701x). The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in the form by virtue of Title 12, United States Code, Section 1701 et seq., and regulations promulgated at Title 24, Code of Federal Regulations, Part 206. While no assurance of confidentiality is pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information Act request.

Penalty: The provision of the SSN to HUD is mandatory. Failure to provide any of the requested information could affect the decision to approve your application since this decision will be made only on the basis of available information we currently have on record. This may result in a delay in the processing of your application.

Instructions: Please complete the information requested on this form and scan in accordance with the instructions provided on the website. HUD HECM counselors may ascertain roster status from HUD's web site at: www.hud.gov.

Ethnicity and Race: Please provide both ethnicity and race. For race, you may check more than one designation.

HECM Counselors: This application is to be submitted to HUD **only after** the counselor has taken and passed the HUD HECM counseling exam.

1. Name of Applicant (first, middle, last, suffix) 2. Date of Birth (mm/dd/yyyy) 3. Social Security Number

4a. Gender ☐ (1) Male 4b. Ethnicity ☐ (1) Hispanic or Latino
 ☐ (2) Female ☐ (2) Not Hispanic or Latino
 ☐ (3) X

4c. Race ☐ (1) American Indian/Alaskan Native ☐ (4) Asian
 ☐ (2) Black or African American ☐ (5) Native Hawaiian or Other Pacific Islander
 ☐ (3) White

5. Contact Information:

5a. Phone

5b. Fax Number

5c. E-mail address

6a. Name and Address of Present Employer:

6b. HCS ID of the HUD-approved Housing Counseling agency (e.g. 8xxxx) : _____

7. Present Occupation Hiring date: _____

8a. Date HECM Exam passed:

8b. HECM Exam administered by:

9. HECM counseling training completed (include name of training/course, location, and dates):

10. To avoid the possibility of any conflict of interest and to ensure compliance with HUD HECM Counselor roster standards, the following certifications are to be completed by the applicant qualified to receive assignments from and be employed by HUD-approved counseling agencies or affiliates of a HUD-approved intermediary or state housing finance agency. The term "interest" refers to direct interest as well as any "interest" held by relatives, business associates, or other controlled persons.

- (a) I certify that I will not promote, represent or recommend any specific lender.
 - (b) I certify that I will comply with all applicable civil rights requirements.
 - (c) I certify that I do not actively engage in the ownership, management or operation of a lending institution doing business with HUD.
 - (d) I certify that I will act in accordance with 24 CFR 214.303(f).
 - (e) I certify that I am not currently suspended, debarred, or in any way disqualified from participating in HUD programs.
 - (f) I certify that I will comply with the current applicable regulations, HUD Handbook 7610.1, "Housing Counseling Program Handbook", HUD HECM Handbook and any updates to these handbooks, including mortgagee letters and all other instructions and standards, in counseling clients on all aspects of the HECM program.
 - (g) I certify that I will obtain continuing education, training, and/or technical assistance related to HECMs no less than once every two years.
 - (h) I certify that I have access to, and am supported by, technology that enables HUD to track the results of the counseling offered to each client, e.g., what actions(s), if any, did the client take after receiving the HECM counseling.
-

I, the undersigned, understand and agree that:

- (a) The approval of this application does not constitute my appointment as an agent or employee of HUD/FHA.
 - (b) In performing HECM counseling, my status is that of an employee of a HUD-approved housing counseling agency, affiliate of a HUD-approved intermediary or state housing finance agency.
 - (c) HUD or its authorized agent(s) may review my work files providing me reasonable notice of such inspection.
 - (d) Continuing education is required at least once every 2 years in order to remain on the roster. I must provide proof of continuing education and/or training related to HECMs within 30 days of completing the class
 - (e) I will meet or exceed HUD's requirements for the provision of HECM counseling.
-

Warnings

I hereby certify that to the best of my knowledge all the information stated herein, as well as any information provided in the accompanying documents, is true, accurate, and complete. I further certify that I have read the Warnings set forth below.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §§ 3729, 3802).

11. Date Signed (mm/dd/yyyy): 12. Applicant's Signature (do not print):
