

HUD OMB Approved No. 2502-0586
(exp. 01/31/2027)

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):