Application for Home Equity Conversion Mortgage (HECM) Counselor Roster

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

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 paperworkReductionActOffice@hud.gov. When providing comments, please refer to OMB Approval 25020586. 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, mid	dle, last, suffix) 2. Date	of Birth (mm/dd/yyyy)	3. Social Security Number
	,		·
4a. Sex [] (1) Male		spanic or Latino	
[] (2) Female	[](2) No	ot Hispanic or Latino	
4a Daga F 1/4) Amariana In	dian/Alaskan Nativa	4) Asian	
4c. Race [](1) American In [](2) Black or Afri		4) Asian 5) Native Hawaiian or (Other Pacific Islander
[] (3) White		•	
5. Contact Information:			
5a. Phone	5b. Fax Number	5c. E-ma	ail address
6a. Name and Address of Pre	sent Employer:		
01 1100 10 (41 11110		(0)	
6b. HCS ID of the HUD-appro	/ea Housing Counseling age	ency (e.g. &xxxx):	

7. Present Occupation Hiring date:			
8a. Dat	e HECM Exam passed:	8b. HECM Exam administered by:	
9. HEC	M counseling training completed	(include name of training/course, location, and dates):	
standard be emplo finance a	ls, the following certifications are byed by HUD-approved counseli	t of interest and to ensure compliance with HUD HECM Counselor roster to be completed by the applicant qualified to receive assignments from and ng agencies or affiliates of a HUD-approved intermediary or state housing s to direct interest as well as any "interest" held by relatives, business	
(b) (c) (d) (e) (f)	I certify that I will comply with a I certify that I do not actively er institution doing business with I certify that I will act in accorda I certify that I am not currently programs. I certify that I will comply with the Counseling Program Handboom mortgagee letters and all other HECM program. I certify that I will obtain continuous than once every two years I certify that I have access to, as	ance with 24 CFR 214.303(f). suspended, debarred, or in any way disqualified from participating in HUD ne current applicable regulations, HUD Handbook 7610.1, "Housing k", HUD HECM Handbook and any updates to these handbooks, including instructions and standards, in counseling clients on all aspects of the uing education, training, and/or technical assistance related to HECMs no	
(a) (b) (c) (d)	In performing HECM counseling agency, affiliate of HUD or its authorized agent(s) Continuing education is require proof of continuing education a	the that: In does not constitute my appointment as an agent or employee of HUD/FHA. If the does not constitute my appointment as an agent or employee of HUD/FHA. If the does not constitute my appointment as an agent or employee of HUD-approved housing and HUD-approved intermediary or state housing finance agency. If the does not constitute the does not consider the constitute of the provide and/or training related to HECMs within 30 days of completing the class appropriate the provision of HECM counseling.	
	companying documents, is true,	Warnings weldedge all the information stated herein, as well as any information provided accurate, and complete. I further certify that I have read the Warnings set	
WARNIN penalties	NG: Anyone who knowingly subn	alty of perjury that the information provided above is true and correct. nits a false claim or makes a false statement is subject to criminal and/or civil 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 729, 3802).	
11. Dat	e Signed (mm/dd/yyyy): 12.	Applicant's Signature (do not print):	