

SWMC Reverse Mortgage Counseling Authorization Form



Ordering Terms & Conditions:

1. Ensure that you have created a Loan in ReverseSoft prior to placing this Counseling Request.
2. All fields in the form are MANDATORY. This Counseling Authorization Form must be signed by the borrower(s) before the Docs are ordered. This allows a Reverse Mortgage counselor to call and start the required counseling session.
3. Please submit this form (including the **GFE, Origination Calculator Loan Results**) via FAX to (562) 924 8335
4. Cash Keepers™: 50% of the charges will be debited at closing.
5. HECM™/ Simple HECM™: 100% of the charges will be debited on receipt of the order request.

DATE	MM	DD	YYYY	LOAN #	
LOAN OFFICER				GFE [] • ORIGINATION CALCULATOR RESULTS []	

BORROWER INFORMATION

PRIMARY BORROWER:

D.o.B	MM	DD	YYYY	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	
PROPERTY TYPE	<input type="checkbox"/> CONDO <input type="checkbox"/> MFRD. HOME <input type="checkbox"/> SFR <input type="checkbox"/> TOWNHOUSE			ESTIMATED PROPERTY VALUE	\$
				1 ST /2 ND MORTGAGE BALANCE	\$

CO-BORROWER INFORMATION, IF FOR A JOINT ACCOUNT

D.o.B	MM	DD	YYYY	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.

BORROWER SIGNATURE	DATE	
CO-BORROWER SIGNATURE	DATE	
BROKER'S NAME	SIGNATURE	

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PAYMENT INFORMATION (Please charge this service to)			
(NOTE TO BROKER: Check with your Jr. U/W, if you need to fill out the below section)			
LOAN #			
SERVICE ORDERED	REVERSE MORTGAGE COUNSELING		
<input type="checkbox"/> TELECHECK	ACCOUNT NAME		
BANK ROUTING #		ACCOUNT #	
<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> VISA ▪ <input type="checkbox"/> MASTER CARD ▪ <input type="checkbox"/> DISCOVER ▪ <input type="checkbox"/> AMERICAN EXPRESS		
CREDIT CARD #			
EXPIRY DATE		CVV / AMEX #	
Note: Enter the 3-Digit CVV # (Visa/Master) or the 4-Digit # from the front of the Amex Card in the last 3 / 4 cells.			
NAME AS ON CARD			
BILLING ADDRESS			
CITY & ZIP CODE			
I have read the Ordering Terms & Conditions and agree to abide with the same.			
BROKER NAME		SIGNATURE	
BROKER PHONE		DATE	