



## Reverse Mortgage Counseling Questionnaire

Fax to: 714-782-6022 or Mail to: P.O. Box 11330, Santa Ana CA 92711-1300

**(1) Names and Birthdates of All Parties on Grant Deed or Title:**

**Note: Are you the Power of Attorney or Conservator? If Yes please check this box  and include a copy of the Durable Power of attorney or copy of Letters of Conservatorship with your fax. Please print all information, circle if Mr, Mrs. or Ms.**

Name: Mr. Mrs. Ms. \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: Mr. Mrs. Ms. \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**(2) Address of Property to be Mortgaged:** \_\_\_\_\_

Mailing address if different from above: \_\_\_\_\_

**(3) Type of Property to be Mortgaged** (circle one): Single Family - Town Home - Condominium - Manufactured Home - COOP Housing

**(4) Approximate Value of Home:** \$ \_\_\_\_\_

**(5) Total of All Debt Owed on the Home:** \$ \_\_\_\_\_  
(Including first mortgage, second mortgage, home equity loan, home equity line of credit. etc...)

**(6) Are You Refinancing an Existing Reverse Mortgage?**  If Yes, please check this box

**(7) How Should We Contact Client for Counseling?**

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

**(8) How Does Client Wish to Receive Counseling?**

By phone (Available nation wide as State law permits)

In person (Only available in the Orange County California area)

**(9) Client Wishes to be Contacted for an Appointment at a Later Time:**  Within 24 hrs  Within 48 hrs  Other: \_\_\_\_\_

**By initialing this section \_\_\_\_\_ I give CCCS of Orange County authorization to fax, e-mail or submit my HECM counseling certificate to my lender upon completion of my counseling session.**

Client or Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client or Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Reverse Mortgage Lender: \_\_\_\_\_

Name of Loan Officer: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_



## Reverse Mortgage Financed Counseling Fee Request for the Lender

**Borrower Please Note:** Your counseling today has a CHARGE of \$125.00. Per this request you are instructing your lender to have them finance the counseling fee and pay it upon funding of your reverse mortgage loan through escrow. We ask that you complete this form and give it to your lender to process this request for your counseling session. Your financed counseling in the 800 series on the HUD-1 settlement statement in accordance with HUD's Real Estate Settlement Procedures Act regulations at 24 CRR part 3500 (see 24 CFR 3500.8).

**Thank You for Passing this Request on to Your Lender**

### Borrower Information

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

**I/we request that our reverse mortgage lender** \_\_\_\_\_  
finance and pay the amount of **\$125.00** to Consumer Credit Counseling Service of Orange County, P.O. Box 11330 Santa Ana CA 92711, for their reverse mortgage counseling session completed on \_\_\_\_\_. This reverse mortgage counseling fee should be disbursed immediately upon the funding of my loan. I/we further understand that this request is in compliance of HUD mortgage letter 2008-12.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Co-Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

### Payment Remit Information

**Please Make Check out to:** Consumer Credit Counseling Service of Orange County

**Amount to be Financed for Counseling Session:** \$125.00

**Federal Tax ID Number:** 95-2426981

**Mail to:** Consumer Credit Counseling Service of Orange County, P.O. Box 11330, Santa Ana, CA 92711-1300

**For Questions Contact:** Enrique M. Juarez, HECEM / Housing Manager **Email:** emajuarez@cccsoc.org