



Reverse Mortgage Counseling Questionnaire

Fax to: 803-929-6699 or Mail to: P.O. Box 7876, Columbia, SC 29202

(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 (Family Service Center Main Office)

(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 Family Service Center of SC 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 Family Service Center of SC , P.O. Box 7876, Columbia SC 29202, 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 Payable to: Family Service Center of SC

Amount to be Financed for Counseling Session: \$125.00

Federal Tax ID Number: 57-0630921

Mail to: Family Service Center of SC, P.O. Box 7876, Columbia, SC 29202

For Questions Contact: Wayne Odom, Housing Education and Counseling Program Director

Email: wayne@fsc-sc.com

Family Service Center of SC
2712 Middleburg Drive, Suite 207-A
Columbia, SC 29204

Phone: (800) 922-5651
Fax: (803) 929-6699
Website: www.fsconline.org