

BORROWER PAID REVERSE MORTGAGE (HECM) COUNSELING REQUEST
PLEASE PRINT AND WRITE LEGIBLY

First Name:		Last:	DOB:
First Name:		Last:	DOB:
Address:			
City:		State:	Zip:
Email address:			
Mailing Address (If different from above):			
Mailing City:		State:	Zip:
301	Total Monthly Income:	\$	Home Phone:
102	Monthly Mortgages(s):	\$	Alternate Phone:
103	Monthly Auto Expense(s):	\$	Estimated Home Value: \$
104	Monthly Utilities:	\$	Estimated Mortgage Balance: \$
106	Monthly Food:	\$	Circle one: Regular HECM / Purchase HECM / REFI HECM
108	Monthly Medical Cost(s):	\$	Circle one: English / Spanish / French / Portuguese
111	Miscellaneous Expense(s):	\$	Circle one: Single / Married / Widowed / Divorced
307	Total Asset(s):	\$	Date of Payment: ____/____/____ \$89.00 Fee
308	Total Debt(s):	\$	Circle one: Paying Upfront / Financing Payment
How did you hear about us?		My Loan Company: _____	
Circle one:		My Loan Officer Name: _____	
Mortgage Co. / Lender		Telephone: _____	
Attorney / HUD		Email: _____	
Community Event / Other		Fax: _____	
Special Instructions: (example: Power of Attorney, Additional Names on Title, Hard of Hearing, and Best time to Call :)			
<input type="checkbox"/> My Lender has provided Me All Required Counseling Handouts: <i>(HUD's Preparing for your Counseling Session, TALC, Loan Comparison Report, Amortization Schedule, NCOA Booklet: Use your Home to Stay at Home)</i>			
Payment Authorization	Please charge my payment to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover		
	<input type="checkbox"/> Check or Money Order Enclosed; # _____		
	Card Number:		Expiration Date:
	Name on Card:		
	Card Billing Address (if different from above):		
I authorize Credit Card Management services, Inc. dba Debthelper.com and Vanco Services, LLC to charge my debit card in accordance with the information above.			
SIGN HERE _____			Date: _____