



Mail Payments to: PO Box 220597, West Palm Beach, FL 33422;
800-920-2262 Telephone or **FAX TO 888-789-4699**

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 / Portuguese / Creole
111	Miscellaneous Expense(s):	\$	Circle one: Single / Married / Widowed / Divorced
307	Total Asset(s):	\$	Race: _____ Ethnicity: _____
308	Total Debt(s):	\$	Date of Payment: ____/____/____

<p>How did you hear about us?</p> <p align="center">Circle one: Mortgage Co. / Lender Attorney / HUD Community Event / Other</p>	<p>Circle one: \$120 Over the Phone or \$175 In-Person</p> <p>My Loan Company: _____</p> <p>My Loan Officer Name: _____</p> <p>Telephone: _____</p> <p>Email: _____</p> <p>Fax: _____</p>
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Special Instructions: Examples: Power of Attorney, Additional Names on Title, Hard of Hearing, and Best time to Call:

My Lender has provided me all required counseling handouts: (HUD's Preparing for your Counseling Session, TALC, Loan Comparison Report, Amortization Schedule, NCOA Booklet: Use your Home to Stay at Home)

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: _____