

INSTRUCTIONS AND INTAKE REVERSE MORTGAGE APPLICATION

Intake Application Instructions: The following application must be completed before an appointment will be schedule. **Please complete the entire application and bring the requested documentation listed below prior to your first scheduled appointment.**

Please note that appointments will be schedule based on the return of the completed application. Any incomplete application will be returned which will delay the scheduling of an appointment for you.

Upon receipt of the application the following will occur:

- Credit report will be pulled and application reviewed
- Call will be made to you to schedule an appointment
- A letter confirming your appointment will be mailed to you
- Phone call prior to your appointment to remind you

***Please fax application to 919-688-0082, Attention Darlene Tilley or mail too:
Attention – Darlene Tilley
DAHC
400 West Main Street, Suite 408
Durham, NC 27701***

Please keep this page and bring with your to your scheduled appointment along with one of the documents listed below.

Please bring proof of identification, such as:

- ✓ NC Drivers License
- ✓ Birth Certificate
- ✓ NC Identification Card
- ✓ Passport

The counselor can cancel your appointment if you do not have all the requested documentation listed above during your appointment. This means that you would have to schedule another appointment to be seen. **PLEASE HAVE ALL REQUIRED PAPERWORK LISTED ABOVE BEFORE SENDING YOUR INTAKE APPLICATION BACK!**

Please click on this link to download the Reverse Mortgage Intake Application.



REVERSE MORTGAGE COUNSELING APPLICATION FORM

Please bring one of the following documentations to your scheduled appointment:

NC Drivers License

NC Identification Card

Birth Certificate

Passport

GENERAL INFORMATION

DATE: _____

Name

Social Security #

Date of Birth

Co-Borrower / Spouse Name

Social Security #

Date of Birth

Address

City

State

Zip Code

Home Phone #

Work Phone #

Co-Borrower / Spouse home Phone #

Work Phone #

Marital Status:

Married _____ Legally Separated _____ Divorced _____ Widowed _____ Single _____

Educational Level Completed: _____

DEPENDENTS:

Name/Age	Name/Age
Name/Age	Name/Age
Name/Age	Name/Age

PROPERTY INFORMATION

Appraised Value or Estimated Property Value: \$ _____

Amount Owed on Property: \$ _____

Monthly Mortgage Payment \$ _____

Name of Current Mortgage Company

Address of Current Mortgage Company

EMPLOYMENT AND INCOME INFORMATION

APPLICANT'S INCOME: (If Not Currently Employed, skip to Other Income Sources).

Hourly rate: \$ _____ Week: \$ _____ Semi-Monthly: \$ _____

Bi-weekly: \$ _____ Monthly: \$ _____ Annual: \$ _____

Employer: _____

Employer's Address (Personnel Dept.): _____

Hours per Week: _____ Length of time at Current Employment: _____

If less than two years, previous employment:

Previous employment Dates of Employment

CO-APPLICANT'S INCOME:

Hourly rate: \$ _____ Week: \$ _____ Semi-Monthly: \$ _____

Bi-weekly: \$ _____ Monthly: \$ _____ Annual: \$ _____

Employer: _____

Employer's Address (Personnel Dept.):

Hours per Week: _____ Length of time at Current Employment:

If less than two years, previous employment:

Previous employment

Dates of Employment

OTHER INCOME SOURCES:

Social Security / Disability / Pension: Amount: _____ **Source: \$** _____

Other: _____

TOTAL INCOME FROM ALL SOURCES:

Per Month: \$ _____ **Annual: \$** _____

ASSETS:

Savings: Bank / Credit Union, etc. _____ **Amount:**
\$ _____

Checking: Bank / Credit Union, etc. _____ **Amount:**
\$ _____

401K / Retirement / IRA: Bank / Type: _____ **Amount:**
\$ _____

LIABILITIES:

TOTAL DEBT PAYMENTS PER MONTH: \$ _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loan applications related to a dwelling, in order to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so.

BORROWER

_____ I do not wish to furnish this information
information

CO- BORROWER

_____ I do not wish to furnish this

**RACE / NATIONAL ORIGIN:
BORROWER:**

_____ American Indian
_____ Black, Non-Hispanic
_____ White, Non-Hispanic
_____ Hispanic
_____ Asian
_____ Other

SEX: _____ Male _____ Female

**RACE / NATIONAL ORIGIN:
CO-BORROWER:**

_____ American Indian
_____ Black, Non-Hispanic
_____ White, Non-Hispanic
_____ Hispanic
_____ Asian
_____ Other

SEX: _____ Male _____ Female

Identification verified by: License _____ Birth Certificate _____ NC
ID _____

CERTIFICATION:

I certify that all of the above information is correct and true to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of my application. I hereby authorize the Housing Counselor, Inc. to obtain a Credit Bureau Report in my name, and/ or request verification of income and residence.

Applicant's Signature

Date

Co-Applicant's Signature

Date



400 West Main Street, Suite 408 - Durham, NC 27701
Phone: 919-683-1185 Fax: 919-688-0082
Website: dahc.org

COUNSELING AGREEMENT

In order to solve specific housing and other related problems, the applicant recognizes the need for counseling and pledges full cooperation with the counselor. The applicant authorizes the counselor to act on his/her behalf in order to improve his/her housing situation and obtain necessary services.

The applicant understands that any and all information that is required to obtain the help needed, and must be supplied by the applicant. The applicant further authorizes the counselor to obtain other information from outside sources (*including a credit report from one or all of the three credit reporting agencies*) when necessary. The need to exchange information or pass on information is also recognized by the client. It is further understood by the applicant that information obtained will be used to assist applicant in obtaining their housing needs.

The counselor pledges to preserve strict confidentiality concerning the applicant, and will neither give nor seek information except where others have a right to it. The counselor will make no decisions and take no action without the knowledge and consent of the applicant. At all times, the counselor will act to protect and promote the best interest of the applicant.

I _____, give authorization to Durham Affordable Housing Coalition to exchange and obtain information in regards to:

*If foreclosure, please provide the Loan No. # _____

Client Signature

Date

Counselor Signature

Date

Copy given to applicant _____ yes _____ no