

Reverse Mortgage Profile Sheet

(This is not an Application for a loan) 12/12/08

LOAN OFFICER NAME

CONTACT PHONE #

DATE

FIRST

M

LAST

BIRTH DATE

AGE

FIRST

M

LAST

BIRTH DATE

AGE

PROPERTY STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY

PHONE NUMBER

1ST MORTGAGE BALANCE

LINE OF CREDIT / OTHER LIEN AMT

HOME VALUE

SUBJECT PROPERTY TYPE (circle the one that applies)

Single Family

Condo

Townhouse

CO-OP

Manufactured Home

MultiFamily 2-4 Unit

DESIRED HECM TYPE (circle the one that applies)

HECM Adjustable

HECM FIXED

HECM to HECM Refinance

HECM PURCHASE

DESIRED HECM INDEX (circle the one that applies)

LIBOR

CMT

SPECIAL REQUIREMENTS (MUST CIRCLE ONE)

- | | | |
|-----|----|--|
| YES | NO | Is there a WELL ? |
| YES | NO | Is there a SEPTIC SYSTEM ? |
| YES | NO | Is there an underground OIL TANK ? |
| YES | NO | Is a POWER OF ATTORNEY to be used? (MUST BE DURABLE - send complete copy) |
| YES | NO | Is the home held in a TRUST ? (MUST BE REVOCABLE - send complete copy) |
| YES | NO | Is there a pending BANKRUPTCY ? (Which Type? 7 11 13 - send copy of all docs) |
| YES | NO | Is there a pending FORECLOSURE ? DATE ANTICIPATED: |
| YES | NO | Is there a LIFE ESTATE DEED ? - (MUST BE WITH POWERS - send complete copy) |
| YES | NO | Has client made application previously? If so, please provide all information |

ADDITIONAL INFORMATION

- If home type selected is manufacture home, PROVIDE STRUCTURAL CERTIFICATION
- If home type selected is MULTI-UNITS, PROVIDE ZONING CERTIFICATE
- If client is married, all persons must be counseled
- If client is separated or divorced, need copy of agreement/decreed
- If client spouse is deceased, need copy of death certificate

LOAN CONSULTANT CERTIFICATION:

This is to certify that I have personally met with the customer and reviewed each of the questions listed on this Reverse Mortgage Prospect Profile to assure accuracy. After the customer(s) attended counseling, I addressed with the customer the importance of their decision to move forward with the application to assure their motivation is their own.

DATE:

LOAN OFFICER SIGNATURE:

SUBMIT COMPLETED PROFILE SHEET and

REVERSE MORTGAGE SUMMARY, GOOD FAITH ESTIMATE, COUNSELING CERTIFICATE

PLEASE FAX INFORMATION TO: Harry Gormley @ 410-558-4498