



# Pre-Home Ownership Education Course Registration Form

**Lender Note:** This Interview Registration Form should be faxed or e-mailed to CCCS at least **two (2) working days** before counseling is expected. **Please complete the Expense Analysis Form and the Content Review Form prior to counseling.** If the borrower does not have access to a phone for CCCS to initiate the call, please call the CCCS number below or e-mail [prehome.rmhc@cccsforsyth.org](mailto:prehome.rmhc@cccsforsyth.org) to make arrangements with a CCCS counselor. Process will be delayed if form is not complete.

## For All Time Zones, call:

Winston-Salem, NC, CCCS Office    Phone # (877) FOR-RMIC (367-7642)    Fax # (336) 896-1927

### Lender: Please Complete (Print legibly or type including all information)

Lender Name \_\_\_\_\_ Lender Email \_\_\_\_\_

Lender Address \_\_\_\_\_  
Street City State ZIP

Broker Name \_\_\_\_\_ Broker Email \_\_\_\_\_

Broker Address \_\_\_\_\_  
Street City State ZIP

Closing Date \_\_\_\_\_ Master Policy # \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Loan Type:  100% LTV     FHA/VA/USDA     Emerging Markets: Wells Fargo  
 97% LTV     **Insured by RMIC**     Emerging Markets: Other \_\_\_\_\_  
 95% LTV     Uninsured  
 Other LTV \_\_\_\_\_  Conventional / Insured

If RMIC is not expected to pay, please invoice:     Lender     Broker

### Borrower: Please Complete (Print legibly or type – borrower signature required)

Borrower Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Co-Borrower Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Borrower Address \_\_\_\_\_  
Street City State ZIP

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Borrower Note:** Counseling session (not a test) requires a 10-20 minute interview by a CCCS counselor with the borrower. Only one borrower must complete the interview. Within each time zone, counselors will be available 8:30 AM – 5:00 PM. Holidays and weekends are excluded. Check below when available for counseling.

**Check all that apply:**  
 Spanish-Speaking Counselor    **Time Zone:**  
 Assistance for Hearing Impaired     Eastern    **Day:**  
 Landlord Counseling     Central     Monday    **Place:**  
  Mountain     Tuesday     Home     8:30 AM – Noon  
  Pacific     Wednesday     Work     Noon – 3:00 PM  
  Thursday     Cell     3:00 PM – 5:00 PM  
  Friday

**Borrower Authorization:** If I fail to make any monthly mortgage payment as agreed, I understand the servicer of my mortgage loan may refer me to a third-party counseling organization or a mortgage insurer, which will advise me about finding ways to meet my mortgage obligation. I hereby authorize the servicer to release certain information related to the servicer's own experience with me to such third-party counseling organization or mortgage insurer, and request the counseling party contact me. I further hereby authorize the third-party counseling organization of mortgage insurer to make a recommendation about appropriate action to take with regard to my mortgage loan, which may assist the servicer in determining whether to restructure my loan or to offer extraordinary services to preserve my long-term home ownership.

Borrower's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Borrower's Signature \_\_\_\_\_ Date \_\_\_\_\_