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.rmic@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
- ❑ 97% LTV
- ❑ 95% LTV
- ❑ Other LTV _____
- ❑ FHA / VA / USDA
- ❑ **Insured by RMIC**
- ❑ Conventional / Uninsured
- ❑ Conventional / Insured
- ❑ Emerging Markets: Wells Fargo
- ❑ Emerging Markets: Other _____

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
- ❑ Assistance for Hearing Impaired
- ❑ Landlord Counseling

Time Zone:
- ❑ Eastern
- ❑ Central
- ❑ Mountain
- ❑ Pacific

Day:
- ❑ Monday
- ❑ Tuesday
- ❑ Wednesday
- ❑ Thursday
- ❑ Friday

Place:
- ❑ Home
- ❑ Work
- ❑ Cell

Time:
- ❑ 8:30 AM – Noon
- ❑ Noon – 3:00 PM
- ❑ 3:00 PM – 5:00 PM

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 _____