

Pre-Homeownership Education Course Registration Form

Lender Note: The Interview Registration Form should be faxed or emailed to the Center for Homeownership at least **two (2) business days** before the counseling is expected. **Please complete the Expense Analysis Form and the Content Review Form prior to counseling.** The process will be delayed if the form is incomplete.

Call:

Center for Homeownership Office

Phone # (877) 367-7642

Fax# 336-896-1927

Lender: Please complete (print legibly including all information)

Lender Name _____ Lender Email _____

Lender Address _____
Street City State Zip

Contact Name _____ Phone _____ Fax _____

Loan Type: _____ Closing Date _____

please indicate LTV, FHA, VA, USDA etc.

Master Policy Number _____

Borrower: Please complete (print legibly including all information)

Borrower Name _____

Co-Borrower Name _____

Borrower Address _____
Street City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

Borrower Note: Counseling session requires a 20 – 30 Minute interview by a certified housing and financial counselor with the borrower. Only one borrower must complete the interview. Counselors are available 8:30 am – 5:00 pm eastern standard time. Holidays and weekends are excluded. Check below when available for counseling.

Check all that apply:

- Spanish Speaking Counselor
- Assistance for Hearing Impaired
- Landlord Counseling

Day:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Place:

- Home
- Work
- Cell

Time:

- 8:30 am – 12:00 pm
- 12:00 pm – 3:00 pm
- 3:00 pm – 5:00 pm

Borrower Signature _____ Date _____

Co-Borrower Signature _____ Date _____

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.