

Borrower(s) Name(s)

Power of Attorney, if Present

Non-Borrowing Spouses Name Here

Co-Borrowing or Non-Borrowing Spouse Name(s)

Property Address Here

Property Address, City, State, Zip Code

Liberty Reverse Mortgage has established the EquityIQ reverse mortgage counseling requirement to inform borrower(s) of the reverse mortgage program. The following information was discussed in the counseling session:

1. Options other than a reverse mortgage that are available to the borrower(s), including other housing, social service, health and financial options.
2. Other reverse mortgage options that are or may become available to the borrower(s), such as the Federal Housing Administration Home Equity Conversion Mortgage (FHA HECM), HECM for Purchase, sale-leaseback financing, deferred payment loans, and property tax deferral.
3. The financial implications of entering into a reverse mortgage loan.
4. A disclosure that a reverse mortgage loan may have tax consequences, affect eligibility for assistance under Federal and State programs, and have an impact on the estate and heirs of the borrower(s).
5. The benefits, costs, and terms of the reverse mortgage loan.
6. The requirement of the borrower(s) to maintain all property charges (i.e. property tax, homeowner's insurance, property insurance, HOA dues, etc.).
7. The reverse mortgage loan will be due and payable when no remaining borrower lives in the mortgaged property, or when any other covenants of the mortgage have been violated. (Borrowers are those parties who have signed the Note and Mortgage or Deed of Trust.)

I hereby certify that the borrower(s) listed above have received counseling according to the requirements of this certificate.

Printed Name Here		XX/XX/XXXX
Counselor's Printed Name	Counselor's Signature	Date

HUD-Approved Counseling Agency Information:

Agency Name: Agency Name Here	Counselor's Phone Number: XXX.XXX.XXXX	
Agency Address: Road Street, Town City, ST XXXXX		
Agency Housing Counseling System ID: XXXXXXXXXXXX	Method of Counseling Session: <input type="checkbox"/> Telephone <input type="checkbox"/> Face to Face	Counseling Session Fee \$: \$XXX.XX

Borrower(s) Certification

I/we hereby certify that I/we have discussed the financial implications of and alternatives to the EquityIQ reverse mortgage loan with the above Counselor. This information will enable me/us to make an informed decision about whether I/we want to proceed with obtaining this loan. I/we understand that I/we may be charged a counseling fee that may be paid upfront to the counseling agency.

	XX/XX/XXXX		XX/XX/XXXX
Borrower Signature	Date	Co-Borrower Signature/Date	Date

Power of Attorney, if Present

Counseling certificate is valid for 180 days from counseling date evidenced by counselor's signature date.

