

BACKGROUND CHECK AUTHORIZATION

I, _____ freely and voluntarily authorize Reverse Mortgage Sales ("the Business") and/or its designated agent to make a thorough investigation of my credit, my professional background, and my license and criminal history.

Applicant acknowledges that this investigation will include the right to obtain a "consumer report" (as defined in Section 603(d) of the Fair Credit Reporting Act), the right to utilize mortgage banking vendor services for fraudulent activity reports, any license validations, and criminal reports on the applicant. Applicant understands that the Business and its designated agent will be requesting information from various government and private agencies, which maintain records concerning my credit, professional, and criminal history.

Applicant acknowledges that it is in the best interest of both Applicant and the Business to perform said due diligence concerning Applicant's background and experience. Applicant further acknowledges that Applicant benefits from the efficiencies in the due diligence process that are possible when the Business and other similarly situated entities in the mortgage industry exchange information about their experiences in doing business with professionals/entities such as applicant.

Applicant hereby consents and gives the Business permission to obtain information from and about all prior employers, schools, companies, corporations, credit and worker's compensation bureaus, military and law enforcement agencies for said parties to supply any and all information concerning Applicant to the Corporation and its designated agent.

Applicant understands that the Business performs quality control reviews of the loans that Applicant originates and hereby consents to the release of information about any loan application that is believed or alleged to contain misrepresentations and/or irregularities. Applicant agrees and gives consent that Applicant and Applicant's employees may be named as the originating entity or loan officers on such loans, whether or not Applicant or its employees is implicated in the alleged misrepresentation and/or irregularities.

By signing this authorization, Applicant hereby releases and discharges the Business, its subsidiaries and affiliated companies, their agents and employees, and any third party or agency contracted to furnish any of the above mentioned information, from any claims of liability including damages, losses, costs, and expenses that may arise or result from the reporting or use of or in connection with any information obtained with your consent during these inquiries and used in any way by the Business.

Name: _____ Social Security Number: _____

Address: _____ City: _____ State: ____ Zip: _____

Date of Birth: _____ Place of Birth: _____

Signature: _____ Date: _____