

**STATE OF VERMONT BANKING DIVISION
REVERSE MORTGAGES – QUARTERLY REPORT**

Mail completed form within 15 days of the end of each quarter to:

Vermont Department of Banking, 89 Main Street, Montpelier, VT 05620-3101

Name of Licensee:		Company's NMLS Unique Identifier:	
Person Completing Report:		Telephone No:	
		Email Address:	
For quarter ending: <input type="checkbox"/> Mar 31 <input type="checkbox"/> June 30 <input type="checkbox"/> Sept 30 <input type="checkbox"/> Dec 31 Year: _____		Total #	\$ Volume
1. What are the total number and dollar volume amounts of HUD insured reverse mortgage loans originated by licensee but closed in the name of another party?			\$
2. What are the total number and dollar volume amounts of proprietary reverse mortgage loans originated by licensee but closed in the name of another party?			\$
3. What are the total number and dollar volume amounts of HUD insured reverse mortgage loans originated by another party but closed in the name of the licensee?			\$
4. What are the total number and dollar volume amounts of proprietary reverse mortgage loans originated by another party but closed in the name of the licensee?			\$
5. What are the total number and dollar volume amounts of HUD insured reverse mortgage loans originated and closed in the name of the licensee?			\$
6. What are the total number and dollar volume amounts of proprietary reverse mortgage loans originated and closed in the name of the licensee?			\$
7. What are the total number and dollar volume amounts of HUD insured reverse mortgage loans serviced by licensee?			\$
8. What are the total number and dollar volume amounts of proprietary reverse mortgage loans serviced by licensee?			\$

AFFIDAVIT

State of _____)
 County of _____)

I, _____ (name of individual signing on behalf of the Licensee), the undersigned, being the _____ (title – officer, partner, owner, etc.) of _____ (name of licensee) swear /affirm (circle one), that I am authorized to file this report for the licensee and that, to the best of my knowledge and belief the information contained in this report is true and complete.

By: _____

On the ____ day of _____ in the year _____, before me personally appeared _____ to me known, who being duly sworn according to law, did depose and say that he or she has read, signed, knows the contents of the foregoing quarterly report and that the information contained in the report is true and complete.

 (Notary Public)
 My Commission Expires: _____