



NC Commissioner of Banks

Location: 316 W. Edenton Street, Raleigh, NC 27603

Mail Address: 4309 Mail Service Center, Raleigh, NC 27699-4309

Telephone: 919/733-3016 Fax: 919/733-2978 Internet: www.nccob.gov

AUTHORIZATION TO MAKE REVERSE MORTGAGE LOANS

General Information

Unless otherwise exempt by statute, G.S. 53-258(a) requires any person, firm, or corporation engaging in the business of making reverse mortgage loans to first be approved as an authorized lender by the Commissioner of Banks.

Filing Instructions

The attached form (RM56) should be used to apply for authorization to make reverse mortgage loans. Please review this information carefully and give full and complete responses to each question. If a particular item does not apply, please enter "None" or "N/A." Incomplete responses or failure to submit the required fees, schedules, or supporting documents will delay the processing of your application. **Form RM56 may be completed online.** Please submit the following:

- A complete "application for authorization to make reverse mortgage loans" (RM56), including Schedules A through E. **Handwritten forms will not be accepted.**
- **\$500 non-refundable application fee made payable to Department of Commerce/ Banking Commission.**
- Copy of Articles of Incorporation or Certificate of Authority (corporations only). Incorporation documents and information may be obtained by calling the Office of Secretary of State at (919)733-4201.
- Certificate of Existence issued within 90 days of application (corporations only).
- Copy of Assumed Name Certificate, if applicable.
- A detailed business resume for each executive officer, partner, or director of the applicant.
- Business Plan for reverse mortgage lending.
- [Surety Bond](#) in amount of \$100,000.

Amendments to Application

Authorized lenders must maintain a complete and current application on file with the Commissioner of Banks. If any information contained in the application changes, you must file a correcting amendment within 30 days. Changes to an application should be reported as follows:

- Complete *in full* the application page to be amended and *circle* the number of the item being changed. **All information may be completed online. Handwritten forms will not be accepted.**

- Use only the "application for authorization to make reverse mortgage loans" (Form RM56) and its schedules or a copy. **Please retain a copy of the application form for filing future amendments.**

Contact Employee

The individual listed on the application form as "contact employee" must be authorized to receive all compliance information, communications, and mailings and be responsible for disseminating such information within the applicant's organization.

Mailing Instructions

Please mail the completed application form and fee made payable to the Department of Commerce / Banking Commission to:

Office of the Commissioner of Banks
4309 Mail Service Center
Raleigh, North Carolina 27699-4309

Questions about application:

Contact Vivian Laney-Dobbin, NC Mortgage Licensing staff, by phone at (919) 733-3252 or send your questions via email to vdobbin@nccob.gov for additional assistance.

**APPLICATION FOR AUTHORIZATION TO MAKE
REVERSE MORTGAGE LOANS**

Date:

Authorization No:
(Office Use Only) _____

1. Name of applicant: _____
(Full legal name)

2. Are you operating under an assumed name? Yes No
If so, list name here: _____
(Attach copy of assumed name certificate)

3. License/NMLS ID No.: _____(Issued under the NC SAFE Act)

4. Organization type:
 Individual Partnership Corporation Association

5. State of incorporation: _____Date of incorporation: _____
Date qualified in North Carolina, if foreign corporation: _____

6. Applicant's headquarters address:
City: _____ State: _____ Zip Code: _____

7. Mailing address, if different from above: _____

8. Address where books and records are kept:
City: _____ State: _____ Zip Code: _____

9. Business phone number: _____ Fax number: _____

10. Contact employee:
City: _____ State: _____ Zip Code: _____
Business phone number: _____ E-Mail: _____

11. Contact employee for the NC Commissioner of Banks public website if different from No. 10.
Employee name: _____ Title: _____
Business phone number: _____ E-Mail: _____

12. Provide a detailed description of the applicant's experience in mortgage lending for the preceding five years. (Please use Schedule A)

13. Name of state(s) where the applicant and/or its affiliates are licensed or registered to make reverse mortgage loans, consumer loans, mortgage loans, or similar loans.

Licensing Agency	State	Date Licensed	Address/Phone
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14. If an individual, partnership, or association, please list all persons who hold an interest. If a corporation, list by group all principal officers, directors, and all shareholders (including corporations) owning five percent or more of corporate stock. If more space is needed, please use Schedule A.

Name and Title	Business Address	Residence Address	Percentage Ownership
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15. If 5% or more of the applicant's stock is owned by another corporation, and that corporation is affiliated with other corporations, list the names and addresses of the other corporations on Schedule A and the percentage of stock-ownership held by each corporation in the other.

- This situation exists. This situation does not exist.

16. Does/will the applicant engage in any non-related mortgage banking activities at the location(s) to be approved in North Carolina. Yes No

If yes, please provide details on Schedule A.

17. If the applicant is an approved FHA/VA lender or servicer, please provide the approval date and lender identification number.

18. List three references, including **one bank** reference, not related to or connected with the applicant. If a company name is used as a reference, please list the name of a contact person.

	Reference 1	Reference 2	Reference 3
Name:			
Company:			
Mailing Address:			
Phone:			
E-Mail:			

A F F I D A V I T

STATE OF
COUNTY OF

.....'being duly sworn, deposes and says that (s)he signed the foregoing application and all attachments required herein, as

(Title) of the above named applicant and that: (1) (s)he has full authority to sign the application in said capacity; (2) (s)he has read the application and the information contained therein is true; (3) the applicant is financially solvent; and (4) applicant, or in the case of a corporation, partnership, association, or other form of business organization, each member, director, and principal officer thereof, possesses the necessary educational background and general character and fitness to conduct the business of a Reverse Mortgage Lender properly, honestly, and fairly; and (5) said applicant has read and will comply with Article 21 of Chapter 53 of the North Carolina General Statutes in its entirety.

Full Corporate Name

By: _____

Title:

ATTEST:

By: _____

Title:

(CORPORATE SEAL)

SCHEDULE A

CONTINUATION SHEET

Applicant Name:

Date:

Instructions: This schedule may be used as a continuation sheet or to report details of affirmative responses to questions on the application form. (Attach additional sheets as needed.)

Item No.	Response
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SCHEDULE B

BRANCH OFFICE LOCATIONS

Applicant Name:

Date:

Instructions: This schedule may be used to report all branches in which the applicant proposes to originate or offer reverse mortgage loans that will be secured by real estate located in North Carolina. Future filings should include only those branches to be added, deleted or otherwise amended. When reporting a change of address, please list the old address followed immediately by the new address. Use the Code Column as follows:

To request registration of a new branch office, enter "A."

To report a branch office closing, enter "B."

To report a change of address, enter "C."

To report a change of Branch Manager, enter "D."

**Branch Office
Address**

**Branch Office
Manager**

Tel. No.

Code

SCHEDULE C EXECUTIVE OFFICES / PARTNERS / DIRECTORS

Applicant Name:

Date:

Instructions: This schedule may be used to report each executive officer, partner, or director if the applicant is organized as a partnership, corporation, association, or other form of business organization. Amendments should include only those individuals to be added or deleted. Use the Code Column as follows:

To report an addition, enter "A."

To report a deletion, enter "B."

Name / Title	Business Address	Residence Address	Code
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SCHEDULE D

SUBSIDIARIES AND AFFILIATES

Applicant Name:

Date:

Instructions: This schedule may be used to report each corporate subsidiary and/or affiliate. If the applicant is a subsidiary or affiliate of another corporation, the parent company must be listed. Amendments should include only those entities to be added or deleted. Use the Code Column as follows:

To report an addition, enter "A."

To report a deletion, enter "B."

Company Name	Business Address	Code
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SCHEDULE E

DISCLOSURE OF LOAN TERMS

Instructions: This schedule may be used to provide information and facts regarding the terms and conditions of reverse mortgage loans made to borrowers. G.S. 53-264 requires all authorized lenders to provide this information to the Commissioner of Banks for dissemination to all counselors providing services to prospective reverse mortgage borrowers.

(1) The borrower's rights, obligations, and remedies with respect to the borrower's temporary absence from the home, late payments by the lender, and payment default by the lender.

(2) Conditions or events that require the borrower to repay the loan obligation.

(3) The right of the borrower to mortgage less than the full value of the home, if permitted by the reverse mortgage loan contract.

SCHEDULE E

DISCLOSURE OF LOAN TERMS

(4) The projected total annual percentage rate applicable under various loan terms, appreciation rates, and interest rates applicable at sample ages of borrowers.

(5) Standard closing costs.

(6) All service fees to be charged during the term of the loan.