



REVERSE MORTGAGE COUNSELING ASSOCIATION

P.O. BOX 27424 • WASHINGTON, D.C. 20038-7424
www.RMcounseling.org • TOLL FREE: 1-866-226-8215 • FAX: 1-866-921-5130

RMCA Membership Application Instructions

Please read and follow the application instructions below. If you have any questions, please feel free to contact us at 866-226-8215.

Step 1: Please complete the entire membership application as accurately as possible to avoid delays in processing your application.

Step 2: Please review all documents outlined below which are part of the application.

_____ Please provide the “required attachments” outline below with your application.

_____ Please mail your application, signed documents as well as required attachments to:

Reverse Mortgage Counseling Association
Attention: Membership Department
P.O. Box 27424
Washington, D.C. 20038-7424

Required Attachments to Membership Application

As part of your membership application process, you are required to include the following documents below when submitting your membership application to RMCA.

- HUD Approval Letter
- Proof of Insurance - Directors & Officers, Errors & Omissions and Fidelity (employee dishonesty) coverage.

INTEGRITY • PROFESSIONALISM • STANDARDS



REVERSE MORTGAGE COUNSELING ASSOCIATION

P.O. BOX 27424 • WASHINGTON, D.C. 20038-7424
www.RMccounseling.org • TOLL FREE: 1-866-226-8215 • FAX: 1-866-921-5130

Membership Application

(Revised 11/01/09)

1. Organization Primary Information

Please provide the legal name and physical address (*Post office box is not acceptable for physical address*) of your organization as well as the name you intend to use as your operating name when approved for your membership into RMCA.

Main Contact Person Name: _____
(Note: This is the person we would contact if we have questions or send correspondence to)

Position/Contact Person: _____ Email (Contact Person): _____

Organization Legal Name: _____
(Note: This is the name you filed when you formed your non-profit entity)

Operating Name: _____
(Note: This is the name used)

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: (*if different*) _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ / _____ / _____ Secondary Phone: _____ / _____ / _____

Fax: _____ / _____ / _____ Organization Web Address: _____

2. Organization HUD Status

RMCA requires that all member organizations be approved by the U.S. Department of Housing and Urban Development (HUD) as an approved housing counseling organization.

Date of HUD status approval: _____

Start date of Housing Counseling: _____

Which local HUD office do you report to? _____

INTEGRITY • PROFESSIONALISM • STANDARDS