

Property Address:

Relationship to Borrower

## **Annual Occupancy Certification Form**

Return Completed and Signed Form to:
Fax: 866.616.2160
or
Reverse Mortgage Servicing Department
P.O. Box 40724
Lansing, MI 48901-7924

Account Number:

As a requirement of your reverse mortgage loan, we are required to confirm, on an annual basis, that the property which secures your mortgage is still your primary residence. Please sign where indicated below and return this letter to us in the enclosed envelope or fax it to us at (866) 616-2160. If the property is not your primary residence, please provide a written explanation and return it in the envelope provided.

As a reminder, it is your responsibility to advise us of any absences from your property that exceeds two (2) months.

	ited States Code makes it a criminal offense to make a n to any department or agency of the United States diction.
Borrower (1)	Date
Signature Required	
Borrower (2)	Date
Signature Required (if applic	able)
	discuss your account with anyone other than yourself section below. Please note that completing this section
Name	Phone Number
Address	

Champion Mortgage is a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose. However, if you are currently in bankruptcy or have received a discharge in bankruptcy, this communication is not an attempt to collect a debt from you personally to the extent that it is included in your bankruptcy or has been discharged, but is provided for informational purposes only.

