

# AUTHORIZED HOME EQUITY REVERSE MORTGAGE INFORMATION TECHNOLOGY

## FHA Business Partner - P271 HERMIT Applicant Access Request

<b>* Select One Box:</b>	New User <input type="checkbox"/>	Change <input type="checkbox"/>	Terminate User <input type="checkbox"/>	Service Ticket No.
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<b>USER INFORMATION</b>	<b>Section I</b>
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* First Name:	_____
* Middle Initial: (Enter None if not applicable)	_____
* Last Name:	_____
**4 digit Personal Identification Number: (PIN)	_____
* Job Function:	_____
* Job Title:	_____
* Lender/Service Organization:	_____
* Office Phone:	_____
* E-mail Address:	_____
* Business Mailing Address:	_____
(Street, City, and Zip Code)	_____
* FHA Mortgagee / Servicer ID#	_____
* Supervisor's Name:	_____
* Supervisor's Office Phone:	_____
* Supervisor's E-mail Address:	_____

\* Must fill in. This information is required to establish or modify your HERMIT user account.  
 \*\* 4 digit PIN required. Your PIN will be used to verify your identity when calling the HERMIT Help Desk. To protect your account from unauthorized access, please be sure that you never share your Personal Identification Number.

<b>APPLICATION ACCESS TYPE (Select One)</b>	<b>Section II</b>
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Lender	Servicer	Investor
<input type="checkbox"/> Staff	<input type="checkbox"/> Staff	<input type="checkbox"/> Read Only
<input type="checkbox"/> Manager	<input type="checkbox"/> Manager	<input type="checkbox"/> GNMA/FNMA
<input type="checkbox"/> Read Only	<input type="checkbox"/> Read Only	

Comments: \_\_\_\_\_

<b>CERTIFICATION</b>	<b>Section III</b>
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By completing and signing this form, you expressly attest that the information provided is true and complete to the best of your knowledge.

Signature	Date	Printed Name
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<b>SUPERVISOR'S CERTIFICATION</b>	<b>Section IV</b>
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By signing this form, you expressly attest that the information provided is true and complete to the best of your knowledge.

Signature	Date	Printed Name
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<b>SUBMISSION INSTRUCTIONS</b>	<b>Section V</b>
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Please scan the signed form and email it to the HERMIT Help Desk at [servicingsupport@hermitsp.com](mailto:servicingsupport@hermitsp.com).

<b>HELP DESK VALIDATION</b>	<b>Section VI</b>
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Section I:	<input type="checkbox"/>	Requestor Name		
	<input type="checkbox"/>	Supervisor Name		
Section IV:	<input type="checkbox"/>	Supervisor Certification	Validated by _____	Validation Date _____