AUTHORIZED HOME EQUITY REVERSE MORTGAGE INFORMATION TECHNOLOGY
SFTP Server - P271 HERMIT Applicant Access Request

* Select One Box:	New User ☐	Change ☐	Terminate User ☐	Service Ticket No.

USER INFORMATION **Section I**

* First Name: _____

* Middle Initial: (Enter None if not applicable) _____

* Last Name: _____

**4 digit Personal Identification Number: (PIN) _____

* Job Function: _____

* Job Title: _____

* Lender/Servicer 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 SFTP access credentials.

** 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.

CERTIFICATION **Section II**

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 _____

SUPERVISOR'S CERTIFICATION **Section III**

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 _____

SUBMISSION INSTRUCTIONS **Section IV**

Please scan the signed form and email it to the HERMIT Help Desk at servicingsupport@hermitsp.com.

HELP DESK VALIDATION **Section V**

Section I: ☐ Requestor Name

☐ Supervisor Name

Section III: ☐ Supervisor Certification

Validated by _____ Validation Date _____

Form P271 HERMIT SFTP Server Access Form (Version 2.1)
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