Application for Fee or Roster Personnel Designation

Check One	U.S. Department of Housing and Urban Development (HUD)
	Department of Veterans Affairs (VA)

HUD OMB Approval No. 2502-0548 (exp. 06/30/2006)

VA OMB Approval No. 2900-0113

Respondent Burden: Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and reviewing the collection of information. These agencies may not conduct or sponsor, and a respondent is not required to respond to this collection of information unless that collection displays a valid OMB Control Number.

Privacy Act Statement: The information you provide will enable the designated agency to determine whether you qualify for designation in the position for which you are applying. The information will not be disclosed outside the designated agency without your consent except to verify its accuracy and, when relevant to civil, criminal, or regulatory investigations and prosecutions, including the routine uses identified in VA system of records, 17 VA 26, Loan Guaranty Fee Personnel and Program Participant Records, published in the Federal Register. It will not be otherwise disclosed or released outside of the designated agency except as required and permitted by law. The Department of Housing and Urban Development (HUD) is authorized to collect this information by Title I, Section 1 of the National Housing Act (Pub. L. 479, 48 Stat. 1246, 12 U.S.C., 1701 et seq.). The Housing and Community Development Act of 1987, 42 U.S.C. 3543 authorizes HUD to collect the SSN. The Department of Veterans Affairs (VA) is authorized to collect this information by Chapter 37, Title 38 U.S.C.

Penalty: The provision of the SSN to the VA is voluntary; the provision of the SSN to HUD is mandatory. Failure to provide any of the requested information could affect the decision to approve your application since this decision will be made only on the basis of available information we currently have on record. This may result in a delay in the processing of your application.

Instructions: Please use typewriter or print clearly. Mail the completed form to the VA Regional Office or the U.S. Department of Housing and Urban Development, Office of Single Family Housing, 451 7th Street SW, Suite 9270, Washington, DC. 20410. HUD/FHA appraisers and inspectors may ascertain roster status from HUD's web site at: www.hud.gov. If this application is to be submitted to the VA, an executed VA Form 26-6684, Statement of Fee Appraisers or Compliance Inspectors must be attached.

Appraisers: This application is to be submitted to HUD **only after** the appraiser is State licensed or certified to appraise and has passed the HUD/FHA Appraisal Examination.

Compliance Inspectors: This application is to be submitted to HUD **only after** the inspector is licensed or certified to inspect repairs and construction, when such licensing or certification is required by the State or local jurisdiction where work will be performed. Upon availability, all inspector applicants must provide evidence of passing the HUD/FHA Inspector Examination.

HUD/FHA appraisers and inspectors may ascertain roster status from HUD's web site at www.hud.gov. Designation being applied for: Appraiser Real Estate Compliance Inspector **HUD** required / VA Voluntary 1. Name of Applicant (first-middle-last) 2. Date of Birth (mm/dd/yyyy) 3. Social Security Number 3a. Sex (1) Male (2) Female 4. Residence Address (number and street or rural route, city or P.O., county, State, zip code) 5. Telephone Number (include area code) 3b Bace (1) White Non-Hispanic (2) Black Non-Hispanic (3) American Indian / 6. Business Address (Address where field reviews are to be sent) 7. Business Phone (include area code) Alaskan Native (4) Asian / Pacific Islander (5) Hispanic (7) Hispanic Black (8) Asian Indian American 8. Present Occupation 9. Name and Address of Present Employer 10. Education No. of Years a. High School b. College c. Degree(s) Awarded (If applicable) 11. Special Education or Training, Vocational, Business, or Special courses (Enter course and school name and location) For HUD/FHA Appraisal and Inspector Examination (Enter city, State, and date (mm/dd/yyyy) of Examination; attach a copy of the certification.) 12. Professional Organizations of which you are a member 13. Registration/License Information (Attach copy(ies) of appraisal license) Kind Registration/License No. State Where Issued **Expiration Date** (mm/dd/yyyy) 14a. Have you been previously approved 14b. Office Name & Address 14c. Dates of Fee Activity for VA or HUD by VA or HUD for a Fee Position? From: (mm/dd/yyyy) To: (mm/dd/yyyy) Yes (If "Yes," complete Items 14b & 14c)

15.	Geographic Area(s) of Pr	actice (List your appraisal/inspect	ion area(s), e.g., Alban	y, NY; Ft. Worth, TX	(; Cleveland, OH, e	tc.)			
16.	State Principal Assignments during at least the past 5 years (attach additional sheet as necessary) Period (mm/dd/yyyy) Number of Assignments Names of Clients or Organizations								
17.	Employment History Duri Dates (mm/dd/yyyy) From To	ng Past 10 Years (attach addition Occupation	al sheet as necessary) Name of Employ	er		Address			
18.	For VA , List and Submit a References	at least 3 letters attesting to your o	ı qualifications. HUD red	quires three reference Occupation	ce contacts only.	Address			
19.	19. To be completed by HUD applicants only: To avoid the possibility of any conflict of interest and to ensure compliance with HUD appraisal and or inspector roster standards, the following certifications are to be completed by personnel qualified to receive assignments from HUD or HUD approve lending institutions for HUD/FHA mortgage insurance applications. The term "interest" refers to direct interest as well as any "interest" held by relative business associates, or other controlled persons. Note: Any of the following items that have been struck out and initialed are exempted from this certificate and are to be explained truthfully in a attached letter. (a) I certify that I do not own more than 10% interest in any lender doing business with HUD in the local HUD office jurisdiction.								
	(b) I certify that I do	o not actively engage in the	management or ope	eration of a lendi	ng institution do	ing business with HUD.			
	(c) I certify that I w	ill not accept any assignmer	nts for fee work in a	transaction in w	hich I have an ir	nterest.			
	•	m not currently suspended,	•	• •					
	(e) For appraisers , I certify that I will comply with HUD Handbook 4150.2, "Valuation Analysis for Home Mortgage Insurance" (and any updates to the Handbook, including Mortgagee letters) and all other instructions and standards, in performing all appraisals on properties that will be security for HUD/FHA insured mortgages.								
(f) For Inspectors, I certify that I have a minimum of three years experience in one or more construction-related fields and that such experience in me with a thorough familiarity and understanding of residential construction techniques as related to new construction and repairs of a structural national I will conduct my inspections in accordance with HUD/FHA requirements. I further certify that if licensing or certification is required by the jurisdiction(s) in which I will operate, I will maintain such licensing or certification in good standing with the applicable jurisdiction for the duration on the FHA Inspector Roster. I further certify that I have read and fully understand the inspection requirements, including any update to those reincluding Mortgagee Letters, in performing all inspections on properties that will be security for HUD/FHA insured mortgages and contained in documents: (i) HUD Handbook 4905.1 REV-1 (Requirements for Existing Housing, One to Four Family Units); (ii) HUD Handbook 4910.1 (Minimum Property Standards for Housing); (iii) HUD Handbook 4145.1 REV-2 (Architectural Processing and Inspections for Home Mortgage Insurance); (iv) HUD Handbooks 4150.1 REV-1 (Valuation Analysis for Home Mortgage Insurance) and 4150.2 CHG-1 (Valuation Analysis for Mortgage Insurance for Single Family One to Four Unit Dwellings);									
									(v) Perma for Ma
 (vi) All applicable local, state, or Council of American Building Officials (CABO) code(s) for the jurisdictions in which I will c (vii) The HUD requirements at 24 CFR 200.926 									
-00	notice of such i	nspection.		•	s during normal b	ousiness hours after providing me re	easonable		
20	a. Number of assignments you will accept per week			lo. of assignments ept at one time					

- I, the undersigned, understand and agree that:
 - (a) The approval of this application does not constitute my appointment as an agent or employee of HUD/FHA or DVA/VA.
 - (b) In performing fee work my status is that of an independent contractor.
 - (c) My sole interest in all transactions shall be to perform fee assignments as required by HUD or VA standards and criteria.
 - (d) An appraisal/inspection is a substantial and material element in the determination of the eligibility of an application for FHA mortgage insurance, and HUD/FHA will rely upon the accuracy and truthfulness of an appraisal/inspection completed by me in approving any insurance.

Warnings

I hereby certify that to the best of my knowledge all the information stated herein, as well as any information provided in the accompaniment herewith, is true, accurate, and complete. I further certify that I have read the Warnings set forth below.

Any person who knowingly presents materially false, fictitious, or fraudulent statements in a matter within the jurisdiction of HUD is subject to penalties, sanctions, or other regulatory actions, including but not limited to:

- (i) Fines and imprisonment under 18 USC 287, 1001, 1010, 1012, which provides for fines of a maximum of \$25,000 for individual and \$500,000 for organizations of imprisonment for up to 5 years, or both; or
- (ii) civil penalties and damages under 31 USC 3729, of not less than \$5000 and not more than \$10,000, plus 3 times the amount of damages which the government sustains; and
- (iii) administrative sanctions, claims, and penalties by HUD pursuant to 24 CFR Part 24, 28, and 30.

21. Date Signed (mm/dd/yyyy)	m/dd/yyyy) 22. Applicant's Signature (do not print)							
Reviewing Official Complete the following Items								
23. This Application has bee and I hereby recommend	en reviewed d	24. Date of Action (mm/dd/yyyy)	25. Signature of Reviewing Officer					
Designation	Disapproval							
This applicant is being recon 26. County(ies)	nmended in the coun	27. State						