

AUTHORIZED HOME EQUITY REVERSE MORTGAGE INFORMATION TECHNOLOGY FHA STAFF & CONTRACTOR - P271 HERMIT Applicant Access Request

| | | | | |
|-------------------|-----------------------------------|---------------------------------|---|--------------------------|
| * Select One Box: | New User <input type="checkbox"/> | Change <input type="checkbox"/> | Terminate User <input type="checkbox"/> | Service Ticket No. _____ |
|-------------------|-----------------------------------|---------------------------------|---|--------------------------|

| USER INFORMATION | Section I |
|--|-----------|
| * First Name: _____ | |
| * Middle Initial: <i>(Enter None if not applicable)</i> _____ | |
| * Last Name: _____ | |
| * H ID# or C ID#: _____ | |
| **4 digit Personal Identification Number (PIN): _____ | |
| * Job Function: _____ | |
| * Job Title: _____ | |
| * Organization Name: _____ | |
| <i>(Office/Division/Branch)</i> _____ | |
| * Location: _____ | |
| * Office Phone: _____ | |
| * E-mail Address: _____ | |
| * Supervisor's Name: _____ | |
| * Supervisor's Office Phone: _____ | |
| * Supervisor's E-mail Address: _____ | |
| * <i>Must fill in. This information is required to establish or modify your HERMIT user account.</i> | |
| * <i>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.</i> | |

| APPLICATION ACCESS TYPE (Select One) | Section II | | |
|--|---|--|--|
| Accounting Module | SM - Premium | SM - Claims | SM - Notes |
| <input type="checkbox"/> HUD Accounting User | <input type="checkbox"/> HUD Read Only | <input type="checkbox"/> HUD Read Only | <input type="checkbox"/> HUD Read Only |
| <input type="checkbox"/> HUD Accounting Contractor | <input type="checkbox"/> SF Premium Staff | <input type="checkbox"/> Claims Staff | <input type="checkbox"/> HUD NSC Staff |
| <input type="checkbox"/> HUD Accounting Supervisory User | <input type="checkbox"/> SF Premium Mgr | <input type="checkbox"/> Claims Mgr I | <input type="checkbox"/> HUD NSC Mgr |
| <input type="checkbox"/> HUD Program Area Report User | | <input type="checkbox"/> Claims Mgr II | <input type="checkbox"/> HUD NSC Contractor – Customer Service |
| <input type="checkbox"/> Premiums (70) | | <input type="checkbox"/> Claims – A/R | <input type="checkbox"/> HUD NSC Contractor – Documentation |
| <input type="checkbox"/> Claims (13) | | <input type="checkbox"/> Financial Mgr | <input type="checkbox"/> HUD NSC Contractor – Release |
| <input type="checkbox"/> Notes (22) | | | <input type="checkbox"/> HUD NSC Contractor – Release Supervisor |
| <input type="checkbox"/> GLD Accounting Ops Contractor | | | <input type="checkbox"/> HUD NSC Contractor – Default |
| | | | <input type="checkbox"/> HUD NSC Contractor – Cash |
| | | | <input type="checkbox"/> HUD NSC Contractor – First Mortgage |
| | | | <input type="checkbox"/> HUD NSC Contractor – Cash Supervisor |
| | | | <input type="checkbox"/> HUD NSC Contractor – Supervisor/Mgmt |
| | | | <input type="checkbox"/> HUD NSC Contractor – P&P Specialist |
| | | | * Responsible Party : <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| Comments: |
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Section III

ACKNOWLEDGMENT OF RULES OF BEHAVIOR FOR SYSTEM USE

**RULES OF BEHAVIOR
For
P271 Home Equity Reverse Mortgage Information Technology (HERMIT)**

The U.S. Department of Housing and Urban Development may grant limited system access to employees, contractors, clients/customers, and program participants who have a need to utilize the Department's automated information resources. Access to the Department's Information Technology resources is for official use only. As a condition of receiving access, you are required to be aware of the Department's system security policies and to abide by these policies. The purpose of these policies is to safeguard the Department's valuable information resources.

The system user identification (USERID) and password issued to you are to be used solely in connection with the performance of your responsibilities in support of the HUD mission and may not be used for personal or private gain. You agree to be responsible for the confidentiality of the assigned information and accountable for all activity with your user identification (USERID). Further, you agree that you will not provide this confidential USERID/password to another user upon leaving the employment of the Department and/or FHA Business Partner. Additional rules of the system follows:

- Log-off the system when leaving the system/workstation area.
- Refrain from leaving written passwords in the workstation area.
- Avoid creating a personal password that can be easily associated with you.
- Avoid posting printouts of sensitive output data on bulletin boards.
- Avoid leaving system output reports unattended or unsecured.
- Control input documents by returning them to files or forwarding them to the appropriate contact person in your office.
- Avoid violation of the Privacy Act which requires confidentiality of personal data contained in government and contractor data files.
- Report security violations immediately to the HUD Information Technology Services (HITS) National Helpdesk at 1-888-297-8689
- Cooperate in providing personal background information to be used in conducting security background checks required by Federal regulations.
- Respond to any requests for information from either the Government Technical Representative, HUD Headquarters, or management officials regarding system security practices.
- Review the HUD website "Information Security Guide," found under the Office of Information Technology (OIT). (Note: Applicable only to Part II).
- Avoid transporting PII outside of your workplace.

Actions violating any of these rules will result in immediate termination of your assigned USERID/password from the system and constitutes a violation of Title 18, United States Code, Section 1030, and state criminal and civil laws.

* CERTIFICATION Section IV

CERTIFICATION: I have read the above statement of policy regarding system security awareness and practices when accessing HUD's information resources. I understand the Department's policies as set forth above, and I agree to comply with these requirements as a condition of being granted limited access to data belonging to and the system operated in the interest of the Department of Housing and Urban development.

Signature Date Printed Name

* SUPERVISOR'S CERTIFICATION Section V

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 VI

For servicing module access please scan the signed form and email it to the HERMIT Help Desk at servicingsupport@hermitsp.com.
*For accounting module access please scan the signed form and email it to the Accounting Help Desk at accountingsupport@hermitsp.com.

HELP DESK VALIDATION Section VII

Section I: Requestor Name
 Supervisor Name
 Section V: Supervisor Certification Validated by _____ Validation Date _____