

AUTHORIZED HOME EQUITY REVERSE MORTGAGE INFORMATION TECHNOLOGY

SFTP Server - 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: (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 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: <input type="checkbox"/> Requestor Name				
<input type="checkbox"/> Supervisor Name				
Section III: <input type="checkbox"/> Supervisor Certification	Validated by _____		Validation Date _____	