



Seneca County Office for the Aging

2465 BONADENT DRIVE, SUITE 4
WATERLOO, NEW YORK 13165

Angela M. Reardon
Director
(315) 539 – 1765
areardon@co.seneca.ny.us

AFFIDAVIT OF DECLINING COUNSELING SERVICES For Reverse Mortgage Loan Applicants

- I, _____, state as follows:
Name(s) of Applicant(s)
- I reside in _____ County.
Name of County
- I own the premises located at:

Address of Property
- On _____, I inquired about or applied for a reverse mortgage
Date
loan with _____, referred to as the "lender."
Name of Lender
- On _____, the lender provided me with a **Notice to Applicants**
Date
For Reverse Mortgage Loans Made Under New York State Law, which
explains the benefits of seeking independent counseling and advice about my
situation. I was also provided with a list of reverse mortgage counselors in my area.
- I have read the materials described above thoroughly and completely, including
the statement that advises me of the importance of obtaining independent
counseling and information on reverse mortgages before entering into a reverse
mortgage loan. Although I have been made aware of the importance of
counseling and of its local availability, I have chosen not to utilize any of the
available counseling services.

Satellite Office:
2276 County Rd. 139
Ovid NY 14521
(607) 869-2275

Nutrition Program:
6150 Route 96
Romulus, NY 14541
(315) 220-3494

Weatherization Program:
2156 Routes 5 & 20
Seneca Falls, NY 13148
(315) 220-3045



Seneca County Office for the Aging

2465 BONADENT DRIVE, SUITE 4
WATERLOO, NEW YORK 13165

Angela M. Reardon
Director
(315) 539 – 1765
areardon@co.seneca.ny.us

AFFIDAVIT OF APPLICANT

Applicant 1

STATE OF NEW YORK)
) ss.:
COUNTY OF _____)

Being duly sworn, I declare the foregoing to be true. In Witness Whereof I have hereunto signed my name on _____, 20____.
Date

Signature

Print

Sworn to before me this
_____ day of _____, 20____.

Notary Public

Applicant 2 (if applicable)

STATE OF NEW YORK)
) ss.:
COUNTY OF _____)

Being duly sworn, I declare the foregoing to be true. In Witness Whereof I have hereunto signed my name on _____, 20____.
Date

Signature

Print

Sworn to before me this
_____ day of _____, 20____.

Notary Public

Satellite Office:
2276 County Rd. 139
Ovid NY 14521
(607) 869-2275

Nutrition Program:
6150 Route 96
Romulus, NY 14541
(315) 220-3494

Weatherization Program:
2156 Routes 5 & 20
Seneca Falls, NY 13148
(315) 220-3045