



Seneca County Office for the Aging

2465 BONADENT DRIVE, SUITE 4
WATERLOO, NEW YORK 13165

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COUNSELING STATEMENT 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 For**
Date
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.
- On _____, I obtained independent counseling on reverse mortgages. The
Date
terms of the reverse mortgage loan were explained to me by the following (check one):
 - _____ An Attorney
 - _____ A Reverse Mortgage Counselor certified by the U.S. Department of
Housing and Urban Development
 - _____ Other Counseling Service (please explain): _____

APPLICANT Signature: _____ Name (Print): _____ Date: _____	APPLICANT 2 (if applicable) Signature: _____ Name (Print): _____ Date: _____
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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