Fee or Roster Designation **Application for** Fee Personnel Designation

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

HUD OMB Approval No. 2502-0538 (EXP. 11/30/99)

VA OMB Approval No. 2900-0113 (EXP. 10/31/2000)

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. If you have comments regarding this burden estimate or any other aspect of this collection, call 1-800-827-1000 for mailing information on where to send your comments.

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, 17VA26, 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 1, 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. 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. Mail the completed form to the VA Regional Office or the HUD Homeownership Center (HOC) having supervision over the area in which you intend to operate. HUD/FHA appraisers may ascertain an appraiser's FHA 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.

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	aiser Real E	state Compliance				
		Date of Birth (mm/dd/yyyy)	3. Social Security Numb	per	HUD required/VA Voluntary	
				;	3a. Sex 🔲 (1) Male
4. Residence Address (number and street or rural ro	county, State, zip code)	5. Telephone Number		<u> </u>	?) Female	
			(Include area code)) :	3b. Race	
					(1) White	Non-Hispanic
					(2) Black I	Non-Hispanic
					(3) Americ	can Indian/ n Native
6. Business Address (Address where field reviews ar	e to be sent)		7. Business Phone (Include area code	、		
			(include area code	'	(4) Asian/	Pacific Islander
					(5) Hispar	nic
					(7) Hispar	ic Black
					(8) Asian	Indian American
8. Present Occupation	9. Name and A	ddress of Present Employer	•	10. Ed	ucation	No. of Years
				a. Hig		
			b. Co		lege	
				c. Degree(s) Awarded (If appl		I (If applicable)
11. Special Education or Training, Vocational, Busine For HUD/FHA Appraisal Examination Information	ess, or Special c (Enter city, Stat	ourses (Enter course and so te, and date (mm/dd/yyyy) o	chool name and location) f Examination; attach a co	py of th	ne certification)	
12. Professional Organizations of which you are a mo	13. Registration/License Information (Attach copy(ies) of appraisal license)					
		Kind	Registration/License	State	Where Issued	Expiration Date (mm/dd/yyyy)
						(mm/dd/yyyy)
14A. Have you been previously approved by VA or HUD for a Fee Position?	& Address	14c. Da	ates of F	ee Activity For	VA or HUD	
VA or HUD for a Fee Position?		From: (mm/dd/	′yyyy) To: (r	mm/dd/yyyy)	
Yes (If "Yes," complete Items 14b &14c)						
□ _{No}						
15. Geographic Area(s) of Practice (List your apprais	al area(s), e.g. A	Albany, NY; Ft. Worth, TX; C	Cleveland, OH; etc.)			

16. State Principal Assignmen	J	. , ,		essary)	
Period (mm/dd/yyyy)	number of Assignme	nts Names of Ci	ients or Organizations		
17. Business History During P Dates (mm/dd/yyyy)	ast 10 Years (attach	additional sheet a	as necessary)		
From To	Occupation	N/	ame of Employer		Address
rioiii 10	l Occupation	INC	ame or Employer		Address
18. For VA, List and Submit at	least 3 letters attes	ting to your qualifi	cations. HUD Requires thre	ee Reference Conta	cts only.
References			Occupation		Address
19. To be completed by HUI	applicants only:	To avoid the poss	ibility of any conflict of inter	est and to ensure co	ompliance with HUD appraisal standards, the
					approved lending institutions for HUD/FHA
mortgage insurance application persons.	ons. The term "inter	est" refers to dired	ct interest as well as any "in	terest" held by relat	tives, business associates, or other controlled
porsons.					
			•		to be explained truthfully in an attached letter.
(a) I certify that I do not own r					
(b) I certify that I do not active(c) I certify that I will not acce		-		-	1 HUD.
(d) I certify that I am not curre					ims.
•		•			and any updates to the Handbook, including
					curity for HUD/FHA insured mortgages.
``	nt(s) may inspect my	work files at my p	place of business during nor	mal business hours	after providing me (reasonable
notice of such inspection.)					
20a. Number of assignments you will accept per week	20b. or hours you		laximum No. of		
you will accept per week		one tir	ments you will accept at ne		
L the undersigned and agree t	hot:				
I, the undersigned and agree t (a) The approval of this ag		onstitute my appo	intment as an agent or emp	loyee of HUD/FHA o	or DVA/VA.
(b) In performing fee work					
			signments as required by Hi		and criteria. FHA mortgage insurance, and HUD/
FHA will rely upon the	accuracy and truthfu	Iness of an appra	isal completed by me in app	proving any insuranc	ce.
I hereby certify that to the best accurate, and complete. I furt				information provide	ed in the accompaniment herewith, is true,
accurate, and complete. Truit	ner certify that I have	e read the warriin			
Any paraon who knowingly pro	aganta matarially fals	o fictitions or fro	Warnings	tor within the juriodic	ction of LLID is subject to populties
sanctions, or other regulatory			udulent statements in a mat	ter within the jurisaid	ction of HUD is subject to penalties,
(i) Fines and imprisonment	under 18 USC 287,	1001, 10110, 101			5,000 for individual and \$500,000
(ii) civil penalties and damage which the government su		729, of not less th	an \$5,000 and not more tha	in \$10,000, plus 3 tir	mes the amount of damages
(iii) administrative sanctions		es by HUD pursua	ant to 24 CFR Part 24, 28, a	nd 30.	
21. Date Signed (mm/dd/yyyy)	22. Applicant's Signat	ure (do not print)			
Reviewing Official Com					
 This Application has been reviewand I hereby recommend 	ewed 2	24. Date of Action (mm/dd/yyyy)	25. Signature of Reviewing O	fficer	
☐ Designation ☐ Dis	sapproval	v(iee) approisal or	eas and/or State shows		
26. County(ies)	nonded in the county	y (103) applaisaí al	cas and/or state showil	27. State	
20. 20unty(100)					