

## STATE OF WASHINGTON

DEPARTMENT OF FINANCIAL INSTITUTIONS

DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200 Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <u>http://www.dfi.wa.gov/cs</u>

## Declaration of Compliance with Proprietary Reverse Mortgage Products Under the Consumer Loan Act

I,	, declare:
	Print Name
1.	I am above the age of eighteen and, based on my personal knowledge, I am competent to testify to the facts as stated in this declaration.
2.	I am the (Title) for
	(Name of Company),
	and therefore authorized to act on behalf of the above named company.
3.	I certify that the company will comply with laws pertaining to proprietary reverse mortgage products under the Consumer Loan Act, chapter 31.04 RCW and chapter 208-620 WAC.
4.	I certify that the company is acting as a correspondent lender for
	(Name of Lender)
	to originate (Name of Product),
	as approved by the Department.
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.	
DATED	this day of,, in,,
	Day Month Year City State

Signature