Application for Fee or Roster 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. 7/31/2009)

VA OMB Approval No. 2900-0113

Respondent Burden: The information you provide will enable the designated agency to determine whether you qualify for designation in the position for which you are applying. HUD is authorized to collect this information by Title 1, Section 1 of the National Housing Act (Pub. L 479, 48 Statute 1246,12 U.S.C., 1701 et seq.). VA is authorized to collect this information by Chapter 37, Title 38 U.S.C. Public reporting burden for this collection is estimated at an average of 30 minutes to review the instructions, find the information, and complete this form. These agencies cannot conduct or sponsor a collection of information unless a valid OMB number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB numbers can be located on the OMB Internet page at http://www.whitehouse.gov/library/omb/OMBINVC.html - VA. If desired you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

Privacy Act Statement: These agencies will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or title 38, Code of Federal Regulations 1.526 for routine uses (for example: Authorized for release of information to Congress when requested for statistical purposes) identified in the VA systems of records, 17VA26, Loan Guaranty Fee Personnel and program Participant Records, and published in the Federal Register. Reporting your social security number (SSN) is mandatory. The Housing and Community Development Act of 1987, 42 U.S.C. 3543 authorizes HUD to collect the SSN. VA is authorized to collect this information by Chapter 37, Title 38 U.S.C.

Penalty: The provision of the SSN 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 print clearly. Completed HUD applications may be mailed to the U.S. Department of Housing and Urban Development, Office of Single Family Housing, 451 7th Street SW, Room 9270, Washington, DC 20410 **Or** sent via facsimile to 202-401-0416. HUD/FHA appraisers and inspectors may ascertain the roster status from HUD's web sites at https://entp.hud.gov/idapp/html/apprlook.cfm or https://entp.hud.gov/idapp/html/insplook.cfm?in_fha=No. Completed VA applications may be submitted electronically or by mail to the VA Regional Loan Center. Completed VA applications may be submitted electronically or by mail to the VA Regional Loan Center.

Ethnicity and Race: Please provide both ethnicity and race. For race, you may check more than one designation.

Appraisers: The application is to be submitted to HUD only after the appraiser is State licensed or certified with credentials based on the minimum licensing/certification criteria issued by the Appraiser Qualifications Board (AQB) of the Appraisal Foundation.

Compliance Inspectors: This application is to be submitted to HUD only after the inspector is licensed or certified to inspect repairs and construction, when such licensing or certification is required by the State or local jurisdiction where work will be performed. Upon availability, all inspector applicants currently recognized by HUD to conduct inspections must provide evidence of passing the HUD/FHA Inspector Examination.

Designation being applied for: Real Estate	Appraiser	Compliance I	nspect	or				
Name of Applicant (first – middle – last)			,	. Social Security Number			HUD required / VA Voluntary 3a. Sex (1) Male	
Residence Address (number and street or rural route,	city or P.O.,	State, zip code)	5. Tele	ephone Number (include ar	ea co	ode)	(2)Not 3c. Race	(2) Female ty panic or Latino t Hispanic or Latino erican Indian or
6. Business Address (address where field reviews are to	7. Business Phone (include area			code)		(3) Afficient Indian of Alaskan Native Alaskan Native (5) Black or African American (6) Native Hawaiian or Other Pacific Islander (7) White		
8. Present Occupation	9. Name and	d Address of Present	t Emplo	yer		10. Edu		No. of Years
						a. <u>High</u> b. Colle		
						<u> </u>	ed (if applicable)	
11. Special Education or Training, Vocational, Business, For HUD/FHA Appraisal and Inspector Examination					py of	the cert	tification.)	
12. Professional Organizations of which you are a memb	per	13. Certification/Lic	ense In	formation (Attach copy(ies)	of a	plicable	certification	n/license(s))
		Kind		Certification/License No.	5	State Wh	ere Issued	Expiration Date (mm/dd/yyyy)
14a. Have you been previously approved by VA or HUD for a Fee Position? ☐ Yes (If "Yes," complete Items 14b & 14c) ☐ No		14b. Office Name 8	Addres	es		Dates of m: (mm/d		y for VA or HUD To: (mm/dd/yyyy)

15.	Geogra	aphic Are	a(s) of Pra	actice (I	List your appraisal/i	inspection a	area(s), by state				
16.		Principal A			ng at least the past er of Assignments		ttach additional she f Clients or Organiza				
17	la	una a ma I Llia	atam (Dumin	na Doot	10 Veers (attack a	dditional ob					
17.		(mm/dd/y	ууу)	ig Pasi	10 Years (attach a Occupation	uditional Si	Name of Employe	er		Address	
18.	HUD re	•	pplicants	to list th	nree reference con	tacts only.	For VA , List and Si	ubmit at least 3 lette Occupation	ers attesting to you	r qualifications. Address	
19.	or insp lendin	ector ro g institu	ster star tions for	ndards HUD/F	, the following ce	rtification surance a	is are to be comp	leted by personn	el qualified to red	o ensure compliance with HUD ap beive assignments from HUD or HU erest as well as any "interest" held	JD approved
		Any of ed lette		wing	items that have	been stru	ick out and initia	led are exempte	d from this certi	ficate and are to be explained tru	thfully in ar
	(a)	I certify	that I do	not o	wn more than 1	0% intere	st in any lender	doing business	with HUD in the	local HUD office jurisdiction.	
										ing business with HUD.	
	` '	•			. , ,	•	for fee work in a				
 (d) I certify that I am not currently suspended, debarred, or in any way disqualified from participating in HUD programs. (e) For appraisers, I certify that I will comply with HUD Handbook 4150.2, "Valuation Analysis for Home Mortgage Insurance for Single Four-Unit Dwellings," any updates to the Handbook, Mortgagee Letters, and all other instructions and standards, in performing all properties that will be security for HUD/FHA insured mortgages. 								Mortgage Insurance for Single Far	•		
	(f) Fo me wit I will cojurisdiction the	r Inspect h a thord conduct retion(s) i FHA Ins	etors, I ce ough fami my inspe n which I spector R	ertify th liarity a ctions will op oster.	at I have a minim and understanding in accordance w berate, I will maint I further certify t	um of thre g of reside ith HUD/F ain such I hat I have	e years experience ential construction FHA requirements icensing or certification read and fully un	techniques as relication in good sta derstand the insp	ated to new const y that if licensing nding with the ap ection requireme	red fields and that such experience he ruction and repairs of a structural nation or certification is required by the splicable jurisdiction for the duration onts, including any updates to those sured mortgages and contained in the sured mortgages.	ture. I certify state or local of my tenure requirement
	((i) (ii) (iii) (iii) (iv) (v) (vi) (vii)	HUD H HUD H HUD H Mortga Permar for Mar All appl	andbo andbo andbo ge Insi nent Fo nufactu licable	ok 4910.1 (Minim ok 4145.1 REV-2 oks 4150.1 REV- urance for Single oundations Guide ured Housing);	num Prope 2 (Archited 1 (Valuati Family O e for Manu	ne to Four Unit D Ifactured Housing American Building	Housing); and Inspections flome Mortgage In wellings); (formerly known	for Home Mortgansurance) and 41		ns Guide
	(g)	HUD or		rized	agent(s) may ins			place of business	s during normal l	business hours after providing me	reasonable
208	a. Numb	er of assi		. 20	0b. or Hours you wi	ll work		lo. of assignments ept at one time	20d. Email Addre	ess	

20e. To be completed by HUD appraiser applicants only:

HUD published in the Code of Federal Regulations (24 CFR 200.202(b)) a set of eligibility requirements for appraisers seeking placement on the FHA Appraiser Roster. Among other requirements, the regulation stipulates that, in order to be placed on the FHA Appraiser Roster, an appraiser must pass a HUD test on FHA appraisal methods and reporting.

Appraisers can check on the Department's website, under FHA Approved Appraisers, at https://entp.hud.gov/idapp/html/apprlook.cfm, to verify placement on the FHA Appraiser Roster. Appraisers will not receive a registration confirmation if approved. However, HUD will send a denial letter to appraisers whose applications are determined not eligible, indicating that the appraiser did not meet one or more of the requirements.

The following ten (10) questions have been selected to meet the requirements of 24 CFR 200.202(b)(2). Please provide concise responses to the test questions. Please type or print the responses.

FHA APPRAISER TEST QUESTIONS
1) What steps should an appraiser take when the property he/she is appraising is vacant and the utilities are off?
2) Describe some typical conditions that would necessitate further inspection or testing by qualified individuals or entities?
3) What is expected of an FHA Roster Appraiser when checking a property's plumbing system?
4) Properties constructed before 1978 may contain lead-based paint. What is expected of an FHA Roster Appraiser when appraising such properties?
5) To be eligible for FHA Title II Financing, list at least three criteria that a manufactured housing unit must meet.
6) Describe how an appraiser should verify comparable sales data.
7) What steps must an appraiser follow when there are sales or financing concessions involved with one or more of their comparable sales?

	ng Provisions of the Ethics Rule of USPAP, what is the minimum amount of time es of an appraisal report as well as supporting documentation?	e that
9) Generally, adjustments made to com b) net adjustments, and c) gross adjustments.	parable sales should not exceed what percentages for: a) line item adjustments, stments?	,
10) The sales history of the subject prop the effective date of the appraisal?	erty must be researched for a minimum period of at least how many years prior	to
I, the undersigned, understand and agree that: (a) The approval of this application does not	constitute my appointment as an agent or employee of HUD/FHA or DVA/VA.	_
(b) In performing fee work my status is that o		
()	·	
(d) An appraisal/inspection is a substantial ar	to perform fee assignments as required by HUD or VA standards and criteria. d material element in the determination of the eligibility of an application for FHA mortgage insurance and truthfulness of an appraisal/inspection completed by me in approving any insurance.	ce,
I hereby certify that to the best of my knowledge true, accurate, and complete. I further certify that I	Warnings all the information stated herein, as well as any information provided in the accompaniment here have read the Warnings set forth below.	with, is
Any person who knowingly presents materially fasanctions, or other regulatory actions, including but	lse, fictitious, or fraudulent statements in a matter within the jurisdiction of HUD is subject to pet not limited to:	nalties
for organizations of imprisonment for up to (ii) civil penalties and damages under 31 US the government sustains; and	7, 1001, 1010, 1012, which provides for fines of a maximum of \$25,000 for individual and \$500,000 of 5 years, or both; or 23729, of not less than \$5000 and not more than \$10,000, plus 3 times the amount of damages while the street of the st	
21. Date Signed (mm/dd/yyyy) 22. Applicant's Signatu	e (do not print, must be legible)	
Reviewing Official Complete the following items		
This application has been reviewed and I hereby recommend	24. Date of Action (mm/dd/yyyy) 25. Signature of Reviewing Officer	
Designation Disapproval		
This applicant is being recommended in the count 26. County(ies)	r(ies) appraisal areas and/or State shown below 27. State	
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