

## **Certification for Placement and Retention on the 203(k) Consultant Roster**

I certify that I am presently in compliance, and that I will maintain compliance for as long as I am listed on HUD's 203(k) Consultant Roster, with all laws, regulations, licensing, certification, registration, or other approval requirements that govern my ability to perform as a 203(k) Consultant in the following states, where I (will) do business as a 203(k) Consultant:

[Insert all states where the consultant is performing, or plans to perform, as a 203(k) Consultant.]

I also certify that I have read and fully understand the requirements of HUD's 203(k) Rehabilitation Mortgage Insurance Program. Further, I understand that these procedures are to be followed when working as a 203(k) Consultant.

Name of 203(k) Consultant or Prospective Consultant:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**WARNING:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).