6-2(4) REPORT

Section 6-2(4) of the Residential Mortgage License Act of 1987 ("Act") provides for the submission to the Illinois Department of Financial and Professional Regulation ("IDFPR") of an incident report involving an employee of a licensee that has knowingly submitted or caused to be submitted documents that contain willful and material misstatements of facts in connection with any licensable activity as defined in Section 1-3(a) of this Act. This incident report must document the action.

Upon receipt of the complete 6-2(4) Report, including the signature, OBRE shall:
1. Complete an in-office review of the 6-2(4) Report and supporting documentation;
2. Conduct a phone or in-person discussion with company or individual submitting the report;
3. Upon confirmation of the report, IDFPR will send a letter to the respondent that the report indicates has violated the law. This letter will set forth the allegations;
4. The respondent will have a reasonable period of time to respond in writing to the incident report;
5. Upon receipt of the response, a meeting will be scheduled with the respondent to discuss the allegations;
6. Within a reasonable period of time following the completion of such meetings, IDFPR will decide, based on the merits of the case, whether any of the parities will be recalled or a formal hearing will be conducted; and
7. Once a decision is made and a formal hearing is required, all parties involved will be notified.

I. REPORTING ENTITY INFORMATION

Report type:  ________ initial report          ________ update          ________ correction

Date of submission  ________________________ License number (if applicable) ___________________

Reporting company’s name (if applicable) ____________________________________________________

Reporting person’s name  __________________________________________________________________

Phone ___________________________________   Fax  ________________________________________

I certify that, to the best of my knowledge, the information being reported herein is true and accurate.

_______________________________________        _________________________________________
Report person’s signature  Title
II. ORIGINATING ENTITY INFORMATION

1. The incident being reported involves a residential mortgage loan that was originated by:

   ______ Your company   (Check if this incident involved a loan originated by your company.)
   ______ Third party      (Check if this incident involved a loan originated by a company other than
                           your own.)
   ______ N/A             (Check if this incident did NOT involve a loan. Go to Addendum A.)

Originating Company

   Company name ______________________________________________________________
   Street address __________________________________________________________________
   City _________________________________________  State _________     Zip ____________
   Tax identification number (if known) _______________ License number (if known) ___________

2. Originating individual (Provide the name of the individual who originated the loan, if known.)

   Individual’s name ______________________________________________________________
   Home address (if known) __________________________________________________________________
   City __________________________________________ State _________   Zip ____________
   Social Security number (if known) ________________________________________________

III. INCIDENT INFORMATION
(Check all that are applicable. Complete Addendum A for each incident and Addendum B for each person implicated.)

1. Date of incident ______________________

2. Was the incident reported to any regulatory, governmental or law enforcement agency?

   ______ No   ______ Yes

   If “yes,” to which agency ____________________________ Date reported __________

3. Information submitted supporting incident being reported – check all that are applicable.

   _____ Document evidence   _____ Signed statement received   _____ One witness’s signed statement
   _____ Sworn testimony   _____ Affidavit received   _____ Two witnesses’ signed statement
ADDENDUM A. INCIDENT INFORMATION

Complete an Addendum A for incident being reported.

NOTE: You must submit documentation verifying the incident or no action will be taken!

This addendum is limited to two (2) typewritten pages, which should be attached to this form.
ADDENDUM B. IMPLICATED PERSON INFORMATION

Complete an Addendum B for each person implicated in the incident being reported.

Individual’s name ________________________________________________________________

Social Security number (if known) _________________________________________________

Position with company (if known) _________________________________________________

Company name (if known) _________________________________________________________

Individual/company street address _________________________________________________

City ___________________________ State _______ Zip _________

Company taxpayer identification (if known) __________________________________________

Phone ___________________________ Fax ________________________________

License number (if known) ________________________________________________________

Other identifying information on individual or company (branches): ____________________

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