Licensee's HI - Schedule of Cost and Fees

You are required to complete this "HI – Schedule of Costs and Fees" form for your company regardless if your company utilizes a sub-servicer(s). If "None," add "None" in the comments box.

For example, if you utilize 3 different sub-servicers, you are required to provide 4 different "HI – Schedule of Costs and Fees" forms. One for each sub-servicer utilized AND one for your company.

| Licensee Name and NMLS ID #: | | | | | | | | |
|------------------------------|--------------|--------------|------------------|------------|-------------|--|--|--|
| | | | | | | | | |
| Date: | | | _ | | | | | |
| Complet | te and C | urrent Sched | lule of Cost | t and Fees | | | | |
| * Yes/No Answer is REQUIRED | Yes or No | Frequency | Dollar Amount | Percentage | Or Range | | | |
| Duplicate 1098* | | | | | | | | |
| Payoff Statement* | | | | | | | | |
| Assumption* | | | | | | | | |
| Modification* | | | | | - | | | |
| Title Transfer* | | | | | _ | | | |
| Property Inspection* | | | | | _ | | | |
| Insufficient Funds* | | | | | _ | | | |
| Photocopy* | | | | | | | | |
| Other: | | | | | _ | | | |
| Other: | | | | | _ | | | |
| Other: | | | | | _ | | | |
| Other: | | | | | - | | | |
| Other: | | | | | - | | | |
| Other: | | | | | - | | | |
| Other: | | | | | - | | | |
| Other: | | | | | - | | | |
| Other: | | | | | _ | | | |
| Other: | | | | | - | | | |
| Other: | | | | | - | | | |
| Comments: | | | | _ | | | | |
| | | - | | | | | | |
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| | | | | | | | | |

Revised: 10/21/2019

Sub-Servicer's HI - Schedule of Cost and Fees

You are required to complete a separate "HI – Schedule of Costs and Fees" form for each of your subservicers utilized.

For example, if you utilize 3 different sub-servicers, you are required to provide 3 different "HI – Schedule of Costs and Fees" forms. One for each sub-servicer utilized. Note: A Federally insured sub-servicer will not have an NMLS ID Number.

| Complete and Current Schedule of Cost and Fees | | | | | | | |
|--|--------------|-----------|------------------|------------|-------------|--|--|
| * Yes/No Answer is REQUIRED | Yes or No | Frequency | Dollar Amount | Percentage | Or Range | | |
| Duplicate 1098 [*] | | | | | - | | |
| Payoff Statement* | | | | | - | | |
| Assumption* | | | | | _ | | |
| Modification [*] | | | | | - | | |
| Title Transfer* | | | | | - | | |
| Property Inspection* | | | | | - | | |
| Insufficient Funds [*] | | | | | - | | |
| Photocopy* | | | | | - | | |
| Other: | | | | | - | | |
| Other: | | | | | - | | |
| Other: | | | | | _ | | |
| Other: | | | | | _ | | |
| Other: | | | | | - | | |
| Other: | | | | | - | | |
| Other: | | | | | _ | | |
| Other: | | | | | - | | |
| Other: | | | | | _ | | |
| Other: | | | | | - | | |
| Other: | | | | | _ | | |

Revised: 10/21/2019