



Equity Acceleration Program[®] RESPA DISCLOSURE

(required when the EAP is included in closing of new loan)

The undersigned hereby understand, agree, warrant and represent to U.S. Mortgage Reduction, Inc. (USMR):

- a. The mortgage client(s) ("Client") whose name(s) and signature(s) appear below have also agreed to and signed USMR's Equity Acceleration Program (EAP) Biweekly Client Enrollment Application ("EAP Agreement");
- b. The \$_____ Amount shown on Client's Settlement/Closing Statement or HUD One for the EAP is the same amount as the "Total Paid" in the "EAP Information" section of the EAP Agreement;
- c. A copy of Client's Settlement/Closing Statement or HUD One, showing the amount paid for the EAP as a separate closing cost, is attached to this Disclosure & submitted to USMR with the original EAP enrollment set.
- d. Client's loan Is not a balloon loan. Is a ___ year balloon, with a balloon maturity date of ___/___/___.
- e. Client's loan is provided by _____, not by USMR (USMR is not a party to the loan). (Lender's Name)
- f. The Equity Acceleration Program, a registered trademark of U.S. Mortgage Reduction, Inc., is a separate and optional acceleration plan, not a part of Client's loan.
- g. Client wishes to enroll in the Equity Acceleration Program to accelerate the payoff of Client's loan. The EAP does not change the loan's interest rate, nor other terms or conditions of the loan.
- h. If Client has a problem with or question about the loan, Client will contact the lender. If Client's lender notifies Client of any change to the loan, Client will forward a copy of the change notice to USMR with a signed authorization to make the necessary changes..

Print Name of Client #1 as shown on EAP Agreement	Client #1 Signature	___/___/___ Date
Print Name of Client #2 as shown on EAP Agreement	Client #2 Signature	___/___/___ Date
Print Name(s) of Additional Client(s) shown on EAP Agree.	Signature(s) of Additional Client(s)	___/___/___ Date
Print Name of EAP Independent Representative	USMR ID #	Company Name (if any)

State of _____) In Witness Whereof, the parties have hereunto set their hands and seals.
County of _____) On this _____ day of _____, _____ before me personally appeared _____



_____ (names of above signers), known to me (or satisfactorily proven) to be the persons described in and who executed the foregoing instrument, and acknowledged that it was executed as a free and voluntary act and deed for the uses and purposes therein set forth.

Signature of Notary Public	___/___/___ My Commission Expires	<input type="checkbox"/> Check here if Lifetime Comm.
Printed Name of Notary Public	Commission Number	

Check here if Seal/stamp not required by State shown. Check here if Commission Number not required by State shown.