


 Date Rec.: _____
 Record No. _____

OFFICE USE ONLY

Texas Department Of Banking Residential Mortgage Fraud Report

Please read the following carefully:

Please print and use black ink to complete this form. It is very important that you complete the form in its entirety. Pursuant to **Government Code §402.033** (b), any financial institution or person that makes a voluntary report of any possible violation of law or regulation to an authorized governmental agency shall not be liable to any person under law or regulation of the state or United States for such report. **Please note**, you may not notify any entity or person involved in the fraudulent activity that the activity has been reported.

Please mail or fax all correspondence to:

Texas Department of Banking
Attention: Consumer Assistance Activities
2601 N. Lamar Blvd.
Austin, Texas 78705-4294

Fax: 512-475-1313

Your Contact Information:

| | | | | | |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|-----|--|
| Name: | Mr. / Mrs. / Ms. | | | | |
| | First | Middle | Last | | |
| Address: | | | | | |
| | Street | City | State | Zip | |
| Daytime Phone: | () | Evening Phone: | () | | |
| Email Address: | | | | | |
| Are you the borrower? | <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please explain in your statement below) | | | | |
| If you are not the borrower, please identify the borrower | | | | | |
| How did you hear about us? | <input type="checkbox"/> My Bank Web Site <input type="checkbox"/> Privacy Notice from My Bank <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Referred by Another Agency <input type="checkbox"/> Legislative Representative <input type="checkbox"/> Other | | | | |

Individual or Entity you are reporting:

| | | | | | |
|------------------------|--------|------------------|-------|-----|--|
| Individual Name: | | | | | |
| Entity: | | | | | |
| Address: | | | | | |
| | Street | City | State | Zip | |
| Contact Phone: | () | Alternate Phone: | () | | |
| Date of mortgage loan: | | | | | |

General Transaction Information:

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| 1. Did you voluntarily enter into a written agreement with person or entity? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other |
| 2. Did you sign a loan contract or agreement of any kind with a lender or person you are reporting? <i>If yes, please provide a copy of the document.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other |

| | |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| 3. Amount(s) in question: | \$ |
| 4. Have you addressed your concerns with the person or lender? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, when? | How? <input type="checkbox"/> Phone <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Other |
| Was there any action taken? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| What was their response? | |
| 5. Have you filed a report with another agency? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, who? | |
| Was there any action taken? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If so what kind? | |
| 6. Do you have a private attorney representing you in this matter? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If so, what action has your attorney taken? | |

Please provide a written statement explaining the suspected fraudulent activity. Provide details of the transactions along with the supporting documents, if applicable. Please indicate whom you spoke with or dealt with as well as the dates in which you contacted the entity or person to correct the problem. (Attach additional page(s) if necessary)

I recognize that this is a voluntary report of a possible violation of law or regulation to an authorized governmental agency and I shall not be liable to any person under law or regulation of the state or United States for such report. I further agree to not notify any entity or person involved in the fraudulent activity that the activity has been reported.

The above statements are true and accurate to the best of my knowledge.

| | | | |
|-----------|--|------|--|
| Signature | | Date | |
|-----------|--|------|--|