

Illinois Department of Financial and Professional Regulation

Division of Banking

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	f applicable)			
Reporting company's name	ne (if applicable)					
Reporting person's name						
Phone		Fax				
I certify that, to the best of	my knowledge, the info	ormation being reported he	rein is true and accurate.			
Reporting person's signatur	re		Title			

II. ORIGINATING ENTITY INFORMATION

	Your company Third party	(Check if this incident in (Check if this incident your own.)	_	by your company.) ed by a company other that			
_	N/A	•	did NOT involve a loan.	Go to Addendum A.)			
Origi	nating Company						
	Company name						
	Street address						
	Tax identification number	oer (if known)	License number	(if known)			
2. C	Originating individual (Prov	ide the name of the indivi	dual who originated the lo	oan, if known.)			
	Individual's name						
		own)					
	Social Security number	r (if known)					
INC	IDENT INFORMATI	ION					
(Con	nplete Addendum A for o	each incident and Adde	ndum B for each perso	on implicated.)			
	Date of incident						
1. I	Vas the incident reported to any regulatory, governmental or law enforcement agency?						
	Was the incident reported t						
2. V	No	Yes	I	Date reported			
2. V	No If "yes," to which agency						
2. V	No If "yes," to which agency Information submitted supp		orted – check all that ar				

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):							