



JIM GIBBONS  
Governor

STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF MORTGAGE LENDING  
400 W. King Street, Suite 101  
Carson City, NV 89703  
(775) 684-7060 Fax (775) 684-7061  
www.mld.nv.gov

DIANNE CORNWALL  
Director

JOSEPH L. WALTUCH  
Commissioner

**HOME-BASED BUSINESS AFFIDAVIT**

Mail to: Division of Mortgage Lending  
400 W. King Street, Suite 101  
Carson City, NV 89703

From: \_\_\_\_\_  
(Company name as it appears on the license)

License No.: \_\_\_\_\_

Current address as it appears on the license: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip

I, \_\_\_\_\_, certify that I am the mortgage broker or loan modification and foreclosure consultant (company), as applicable, maintaining a majority interest in the above-referenced license. As such, I request approval to change the address of the above-licensed location to the home of the qualified employee of the licensed office. The qualified employee's name and the proposed new address are:

Qualified Employee's Name: \_\_\_\_\_

\_\_\_\_\_ Street Address City State Zip

Phone No.: \_\_\_\_\_  
(Must be a Local Land Line)

E-Mail: \_\_\_\_\_  
(Mandatory)

Fax No.: \_\_\_\_\_

I have read and declare the following:

1. Licensee shall abide by all local ordinances pertaining to home-based businesses.
2. Licensee shall not employ or contract with any mortgage agent or loan modification and foreclosure consultant agent, as applicable.
3. Licensee understands that the Division will utilize the services of two examiners during examinations and licensee is responsible for the payment of billable hours for each examiner.
4. Licensee acknowledges that all loan files, both in process and closed, must be maintained at the licensed location.
5. Licensee agrees to maintain a space within the home designated and furnished solely for the purpose of conducting business.

6. Licensee agrees that all loan files will be kept in locked filing cabinets within the space designated solely for the purposes of conducting business. Loan files not secured in filing cabinets will not be left unattended in the home office.
7. Licensee agrees to comply with the Gramm-Leach-Bliley Act. The Division recommends that licensee visit the Federal Trade Commission's website at [http://www.ftc.gov/privacy/privacyinitiatives/safeguards\\_educ.html](http://www.ftc.gov/privacy/privacyinitiatives/safeguards_educ.html) to become familiar with the requirements of safeguarding the financial privacy of their clients.
8. Licensee agrees to submit a Change of Address form immediately upon the resignation of the qualified employee whose address is the licensed location.

**Required Items:**

- Original license. (The Division will return an amended license to indicate the change in address upon approving this change.)
- Evidence of tenancy (executed lease agreement) or proof of ownership of the licensed premises by the qualified employee.
- Return mortgage agents' or loan modification and foreclosure consultant agents' licenses (if applicable)

I, the undersigned, state that I am authorized to sign the within Home-Based Business Affidavit on behalf of the mortgage broker or loan modification and foreclosure consultant (company) named herein; that I have read and signed said Home-Based Business Affidavit and know the contents thereof; and that the statements made therein are true. By signing below and initialing each page, I represent that I personally have completed this Home-Based Business Affidavit and verified the information contained herein.

Name of Mortgage Broker or Loan Modification and Foreclosure Consultant (Company):

\_\_\_\_\_

By: \_\_\_\_\_  
 Authorized Signatory (Owner)

Name (print or type): \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary public in and for the County of \_\_\_\_\_, State of \_\_\_\_\_

My commission expires \_\_\_\_\_

Notary Signature \_\_\_\_\_

Notary Seal