

TRUST FUND NON-ACCOUNTABILITY REPORT

RE 854 (Rev. 7/18)

GENERAL INFORMATION

- ❖ This report may be submitted by a mortgage broker who meets the threshold criteria of Business and Professions Code (BPC) §10232 in lieu of the:

 - Quarterly Trust Fund Status Report (BPC §10232.25), or
 - Annual Report of a Review of Trust Fund Financial Statements (BPC §10232.2),

if the broker did not accept trust funds during the report quarter or fiscal year, respectively.
- ❖ If this report is being submitted in lieu of the Annual Report of a Review of Trust Fund Financial Statements, it **must be notarized.**

❖ Refer to BPC §10232.2(b) and 10232.25(d) for more information.

❖ Mail the completed form to:
 Department of Real Estate
 Mortgage Loan Unit
 P.O. Box 137015
 Sacramento, CA 95813-7015

REPORT INFORMATION

NAME OF BROKER OR CORPORATION	LICENSE TYPE <input type="checkbox"/> INDIVIDUAL BROKER <input type="checkbox"/> CORPORATION	DRE LICENSE ID NUMBER
FICTITIOUS BUSINESS NAME(S) (IF ANY)		
MAIN OFFICE ADDRESS (STREET ADDRESS, CITY, STATE, ZIP CODE)		TELEPHONE NUMBER ()
THIS REPORT IS SUBMITTED IN LIEU OF THE: (CHECK ONE)	REPORT PERIOD (1st, 2nd, 3rd)	DATE QUARTER ENDED (MM/DD/YY)
	QUARTER	
<input type="checkbox"/> QUARTERLY TRUST FUND STATUS REPORT	START OF FISCAL YEAR (MM/DD/YY)	END OF FISCAL YEAR (MM/DD/YY)
<input type="checkbox"/> ANNUAL REPORT OF A REVIEW OF TRUST FUND FINANCIAL STATEMENTS (MUST BE NOTARIZED)		

CERTIFICATION

In engaging in acts for which a real estate license is required under subdivisions (d) and (e) of Section 10131 during the reporting period stated above, the broker did not accept as trustee for the benefit of any other person, any payment or remittance (trust funds) in cash or in a form convertible to cash by the broker or by an employee or affiliate or any other persons subject to the control of the broker.

I certify under penalty of perjury that the information in this report is true and correct to the best of my knowledge and belief.

SIGNATURE OF BROKER OR DESIGNATED OFFICER OF CORPORATION	DATE
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PRINTED NAME OF SIGNER