



# REQUEST FOR VERIFICATION OF EMPLOYMENT

**PRIVACY ACT NOTICE:** This information is to be used by the agency collecting it in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except to your employer(s) for verification of employment and as required and permitted by law. You do not have to give us this information, but if you do not, your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, U.S.C. Chapter 37 (if VA) and Title 42, U.S.C. 1471 et. seq., or 7 U.S.C., 1921 et. seq. (if USDA).

**RESPONDENT BURDEN:** VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

**Lender or Local Processing Agency (LPA)** completes Items 1 through 6 and has the applicant sign in Item 7. Forward the completed form directly to the employer named in Item 1.

**Employer** completes either parts II and IV or parts III and IV. Return the form directly to the lender or local processing agency named in Item 3 of part I.

## PART I - REQUEST CERTIFICATION

1. NAME AND ADDRESS OF EMPLOYER		2. NAME AND ADDRESS OF APPLICANT	
3. NAME AND ADDRESS OF LENDER OR LOCAL PROCESSING AGENT (LPA)			
I CERTIFY THAT this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.			
4A. SIGNATURE OF LENDER, OFFICIAL OF LPA, OR USDA LOAN PACKAGER  <b>X</b>		4B. TITLE OF LENDER, OFFICIAL OF LPA, OR USDA LOAN PACKAGER	
5. DATE		6. VA OR USDA NO.	
I have applied for a mortgage loan or rehabilitation loan and stated that I am/was employed by you. My signature in the block authorizes verification of my employment information.		7. APPLICANT'S SIGNATURE AND EMPLOYEE IDENTIFICATION  <b>X</b>	

## PART II - VERIFICATION OF PRESENT EMPLOYMENT

8. PRESENT POSITION	9. DATE OF EMPLOYMENT	10. PROBABILITY OF CONTINUED EMPLOYMENT	11A. PAID BY: SALARY <input type="checkbox"/> YES <input type="checkbox"/> NO COMMISSION <input type="checkbox"/> YES <input type="checkbox"/> NO	11B. IS OVERTIME/BONUS LIKELY TO CONTINUE? OVERTIME <input type="checkbox"/> YES <input type="checkbox"/> NO BONUS <input type="checkbox"/> YES <input type="checkbox"/> NO
12. CURRENT BASE PAY <input type="checkbox"/> ANNUAL <input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> HOURLY <input type="checkbox"/> OTHER (Specify)		14A. MONTHLY TAXABLE PAY (For Military Personnel Only)		
13A. BASE EARNINGS YEAR-TO-DATE PAST YEAR \$   \$		BASE PAY CAREER C PAY PRO PAY \$   \$   \$		
13B. OVERTIME YEAR-TO-DATE PAST YEAR \$   \$		FLIGHT PAY OTHER (Specify) \$   \$		
13C. COMMISSION YEAR-TO-DATE PAST YEAR \$   \$		14B. MONTHLY NONTAXABLE PAY (For Military Personnel Only)		
13D. BONUSES YEAR-TO-DATE PAST YEAR \$   \$		QUARTERS VHA CLOTHING \$   \$   \$		
15. REMARKS: IF PAID HOURLY, PLEASE INDICATE AVERAGE HOURS WORKED EACH WEEK DURING CURRENT AND PAST YEAR				

## PART III - VERIFICATION OF PREVIOUS EMPLOYMENT

16. SALARY/WAGE AT TERMINATION: <input type="checkbox"/> YEARLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY		BASE PAY \$	OVERTIME \$	COMMISSIONS \$	BONUS \$
17. DATES OF EMPLOYMENT FROM TO		18. REASONS FOR LEAVING			
19. POSITION HELD					

**PART IV - CERTIFICATION** Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by VA or USDA Administrators.

20. SIGNATURE  <b>X</b>	21. TITLE OF EMPLOYER	22. EMPLOYER'S TELEPHONE NO. (Include Area Code)	23. DATE
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