

### REQUEST FOR VERIFICATION OF EMPLOYMENT

LENDER, LOCAL PROCESSING AGENCY (LPA), AND LOAN PACKAGER: Complete items 1 through 7. Have the applicant complete item 8 and sign. Forward the completed form directly to the employer named in item 1. CONTRACTOR: Complete items 1 through 7. Have applicant or borrower complete item 8 and sign. Forward the completed form directly to the USDA or lender office identified in item 2. EMPLOYER/PROVIDER: Complete either parts II and IV or parts III and IV. Return form directly to the office identified in item 2 of Part 1.

#### PART I - REQUEST

|  |   |
|--|---|
| 1. TO: (Name and Address of Employer)  | 2. FROM: (Name and Address of Lender or Local Processing Agency)<br><i>This item must be completed before sending to employer.</i>  |
| 3. 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.<br><br>_____<br><i>(Signature of Lender, Official of LPA, USDA Official/USDA Loan Packager or Government contractor)</i> | 4. TITLE OF LENDER OFFICIAL OF LPA, USDA OFFICIAL, MFH PROJECT MGR., OR USDA LOAN PACKAGER  |
|  | 5. DATE<br><br>6. HUD/FHA/CPD, VA OR USDA NO.   |
| 7. NAME AND ADDRESS OF APPLICANT   | I have applied for a mortgage loan, a farm loan or a rehabilitation loan or to be an occupant in an MFH project and stated that I am or was employed by you. My signature in the block below authorizes verification of my employment information.<br><br>8. TAXPAYER'S IDENTIFICATION NO. OR SOCIAL SECURITY NO.<br><br>SIGNATURE OF APPLICANT |

#### PART II - VERIFICATION OF PRESENT EMPLOYMENT/INCOME

| EMPLOYMENT DATA  | PAY DATA                                |   |  |                                    |
|--|---|---|--|------------------------------------|
| 9. APPLICANT'S DATE OF EMPLOYMENT  | 12A. BASE PAY (Current) OR OTHER INCOME |   |  | <b>For Military Personnel Only</b> |
|  | \$ _____                                | <input type="checkbox"/> Annual                                 | \$ _____   | <input type="checkbox"/> Hourly    |
| 10. PRESENT POSITION   | \$ _____                                | <input type="checkbox"/> Monthly                                | \$ _____   | <input type="checkbox"/> Weekly    |
|  | \$ _____                                | <input type="checkbox"/> Other (Specify)                        |  |                                    |
| 11. PROBABILITY OF CONTINUED EMPLOYMENT  | 12B. EARNINGS                           |   |  |                                    |
|  | Type                                    | Year to Date as<br>of _____                                     | Past Year  | Type                               |
|  |   |   |  | Monthly Amount                     |
|  |   |   |  | BASE PAY                           |
|  |   |   |  | RATIONS                            |
|  |   |   |  | FLIGHT OR HAZARD                   |
|  |   |   |  | CLOTHING                           |
|  |   |   |  | QUARTERS                           |
|  |   |   |  | PRO PAY                            |
|  |   |   |  | OVERSEAS OR COMBAT                 |
| 13. IF OVERTIME OR BONUS IS APPLICABLE IS ITS CONTINUANCE LIKELY?<br><br>OVERTIME <input type="checkbox"/> Yes <input type="checkbox"/> No<br>BONUS <input type="checkbox"/> Yes <input type="checkbox"/> No | BASE PAY                                | \$ _____  | \$ _____   | \$ _____                           |
|  | OVERTIME                                | \$ _____  | \$ _____   | \$ _____                           |
|  | COMMISSIONS                             | \$ _____  | \$ _____   | \$ _____                           |
|  | BONUS                                   | \$ _____  | \$ _____   | \$ _____                           |
| 14. REMARKS (If paid hourly, please indicate average hours worked each week during current and past year)  |   |   |  |                                    |
|  | a. Number of hours worked per week      | b. Anticipated increase or decrease in salary in next 12 months | c. Anticipated overtime hours to be worked in next 12 months |                                    |

#### PART III - VERIFICATION OF PREVIOUS EMPLOYMENT

|                         |   |          |             |          |
|-------------------------|---|----------|-------------|----------|
| 15. DATES OF EMPLOYMENT | 16. SALARY/WAGE AT TERMINATION PER <input type="checkbox"/> YEAR <input type="checkbox"/> MONTH <input type="checkbox"/> WEEK |          |             |          |
|                         | BASE PAY  | OVERTIME | COMMISSIONS | BONUS    |
|                         | \$ _____  | \$ _____ | \$ _____    | \$ _____ |
| 17. REASONS FOR LEAVING | 18. POSITION HELD   |          |             |          |

#### PART IV

Federal statutes provide severe civil and criminal penalties for any person who knowingly makes false or fraudulent statements or representations to a government agency or officer with the intention of influencing any action by such agency or officer.

|  |                       |          |
|--|-----------------------|----------|
| 19. SIGNATURE<br><br>Printed name and phone number | 20. TITLE OF EMPLOYER | 21. DATE |
|--|-----------------------|----------|

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 15 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.

**SEE ATTACHED PRIVACY ACT NOTICE**

UNITED STATES DEPARTMENT OF AGRICULTURE  
Rural Development  
**PRIVACY ACT STATEMENT TO REFERENCES**

Rural Development is authorized by the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 et. seq.); and Title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 et. seq.), to solicit the information requested.

Disclosure of the information requested is voluntary. However, information provided is of considerable value to Agencies in determining the repayment ability of individuals and their eligibility for Agency programs. There will be no consequences to you if you do not provide the information requested.

Your name, and the information you provide, will be released to the applicant at the applicant's request. Some information will be available to any requester under the provisions of the Freedom of Information Act.

The information you provide may be referred to another agency, whether Federal, State, local or foreign, charged with the responsibility of investigating or prosecuting a violation of law, or of enforcing or implementing the statute, rule, regulation or order issued pursuant thereto, of any record within this system when information available indicates a violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by rule, regulation or order issued pursuant thereto.

*Rural Development is a Equal Opportunity Lender.  
Complaints of discrimination based on race, sex, religion,  
national origin or marital status should be sent to:  
Secretary of Agriculture. Washington D. C. 20250*