

(Community Planning and Development, and
Housing - Federal Housing Commissioner)

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) <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. <hr/> <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 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. 8. TAXPAYER'S IDENTIFICATION NO. OR SOCIAL SECURITY NO. 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			For Military Personnel Only
	\$ _____	<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 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? OVERTIME <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Printed name and phone number	20. TITLE OF EMPLOYER	21. DATE
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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*