

**VERIFICATION OF INCOME**

**INSTRUCTIONS FOR PREPARATION**

|   |   |
|---|---|
| <b>Purpose:</b><br>The form is used to verify the applicant’s income to make feasibility determinations on the applicant’s request for assistance.                                |   |
| <b>Handbook Reference:</b><br>3-FLP, 4-FLP, 5-FLP   | <b>Number of Copies:</b><br>Original only |
| <b>Signatures Required:</b><br>Original by the applicant’s employer or other provider of income information   |   |
| <b>Distribution of Copies:</b><br>Applicant’s case file   |   |
| <b>Automation-Related Transactions: (Instructions for writers: provide only the information required, i.e. ADPS TC 3K. If no automation actions are required, insert N/A) N/A</b> |   |

**FSA completes Part A.**

**Employer completes Parts B and D and forwards the form directly to the office identified in Part A, item 2.**

**Other information provider completes Parts C and D and forwards the form directly to the office identified in Part A, Item 2.**

**Part A – General**

**Items 1 through 9 completed by FSA.**

| <b>Field Name / Item No.</b> | <b>Instruction</b>  |
|------------------------------|---|
| 1<br>To                      | Enter the name and address of employer.   |
| 2<br>From                    | Enter the name and address of the lender or other loan packager. This item must be completed before sending the form to the employer. |
| 3<br>Certification           | Read Certification.   |
| 4<br>Name                    | Enter the name of the Agency Official or Loan Packager processing this form.  |
| 5<br>Title                   | Enter the title of the Agency Official or Loan Packager processing this form.   |
| 6<br>Signature               | Enter the signature of the Agency Official or Loan Packager processing this form.   |
| 7<br>Date                    | Enter the date the form is signed.  |

| Field Name / Item No.             | Instruction                                  |
|-----------------------------------|--|
| 8<br>Applicant's Name and Address | Enter the name and address of the applicant. |
| 9<br>Statement                    | Read Statement.                              |

***Part B – Verification of Employment  
Items 1 through 7 are completed by the employer.***

|  |   |
|--|---|
| 1<br>Date of employment                  | Enter the applicant's date of employment.   |
| 2<br>Position                            | Enter the applicant's present position.   |
| 3<br>Probability of continued employment | Enter the applicant's probability of continuing to be employed.   |
| 4<br>Base Pay                            | Enter a checkmark in the appropriate box to indicate the applicant's base pay. Include the dollar amount next to the box selected. If "Weekly" is selected, include the number of hours per week. |
| 5<br>Past Year                           | Enter the Base Pay, Overtime, Commissions and Bonus amount for the past year.   |
| 6<br>Current Year to Date as of _____    | Enter the current year to date in the space provided.<br>Enter the Base Pay, Overtime, Commissions or Bonus amount for the current year to the as of date.  |
| 7<br>Projected Next Year                 | Enter the Base Pay, Overtime, Commissions or Bonus amount projected for next year.  |

***Part C – Verification of Other Income  
Other providers of information complete Items 1 through 4.***

|                |   |
|----------------|---|
| 1<br>Source    | Enter the source of any other income received.    |
| 2<br>Frequency | Enter the frequency any other income is received. |
| 3<br>Amount    | Enter the amount of the other income received.    |
| 4<br>Comments  | Enter any pertinent comments.                     |

| Field Name / Item No. | Instruction |
|-----------------------|-------------|
|-----------------------|-------------|

***Part D – Certification***

***Employers and other providers of information complete Items 2 through 6.***

|                    |   |
|--------------------|---|
| 1<br>Certification | Read certification provided on form.  |
| 2<br>Name          | Enter the name of the person who is authorized to complete the form.          |
| 3<br>Title         | Enter the title the person who is authorized to complete the form.            |
| 4.<br>Signature    | Enter the signature of the person providing employment or income information. |
| 5<br>Phone Number  | Enter the telephone number of the person who completed this form.             |
| 6<br>Date          | Enter the date the authorized person signed the form.                         |