

# Request for Verification of Employment

**Privacy Act Notice:** This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide 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, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

**Instructions:** **Lender** – Complete items 1 through 7. Have applicant(s) complete item 8. Forward directly to employer named in item 1.  
**Employer** – Please complete either Part II or Part III as applicable. Complete Part IV and return DIRECTLY to lender named in item 2.  
**The form is to be transmitted directly to the lender and is not to be transmitted through the applicant(s) or any other party.**

## Part I - Request

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| 1. To (Name and address of employer) | 2. From (Name and address of lender) |
|--------------------------------------|--------------------------------------|

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.

|                                  |          |         |                                      |
|----------------------------------|----------|---------|--------------------------------------|
| 3. Signature of Lender<br><br>-- | 4. Title | 5. Date | 6. Lender's No. (Optional)<br><br>-- |
|----------------------------------|----------|---------|--------------------------------------|

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

|                                  |   |
|----------------------------------|---|
| 7. Name and Address of Applicant | 8. Signature of Applicant<br><b>See attached borrower's authorization</b><br><br><b>X</b> |
|----------------------------------|---|

## Part II – Verification of Present Employment

|                                   |                      |   |
|-----------------------------------|----------------------|---|
| 9. Applicant's Date of Employment | 10. Present Position | 11. Probability of Continued Employment |
|-----------------------------------|----------------------|---|

|  |              |           |           |                                 |  |   |  |
|--|--------------|-----------|-----------|---------------------------------|--|---|--|
| 12A. Current Gross Pay Base (Enter Amount and Check Period)  |              |           |           | 13. For Military Personnel Only |  | 14. If overtime or Bonus is Applicable, is its Continuanace likely? |  |
| <input type="checkbox"/> Annual <input type="checkbox"/> Weekly <input type="checkbox"/> Other (specify _____) |              |           |           | Pay Grade                       |  | Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly                                      |              |           |           | Type                            |  | Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No      |  |
| 12B. Gross Earnings  |              |           |           | Monthly Amount                  |  | 15. If paid hourly – avg. hours per week                            |  |
| Type   | Year To Date | Past Year | Past Year | Base Pay                        |  | 16. Date of applicant's next pay increase                           |  |
| Base Pay   |              |           |           | \$                              |  | 17. Projected amount of next pay increase                           |  |
| Overtime   |              |           |           | Rations                         |  | 18. Date of applicant's last pay increase                           |  |
| Commissions  |              |           |           | \$                              |  | 19. Amount of last pay increase                                     |  |
| Bonus  |              |           |           | Flight or Hazard                |  | \$  |  |
| Total  |              |           |           | Clothing                        |  | \$  |  |
|  |              |           |           | Quarters                        |  | \$  |  |
|  |              |           |           | Pro Pay                         |  | \$  |  |
|  |              |           |           | Overseas or Combat              |  | \$  |  |
|  |              |           |           | Variable Housing Allowance      |  | \$  |  |

20. Remarks (If employee was off work for any length of time, please indicate time period and reason)

## Part III – Verification of Previous Employment

|                        |  |                    |  |
|------------------------|--|--------------------|--|
| 21. Date Hired         | 23. Salary/Wage at Termination Per (Year) (Month) (Week) |                    |  |
| 22. Date Terminated    | Base _____ Overtime _____ Commissions _____ Bonus _____  |                    |  |
| 24. Reason for Leaving |  | 25. Positions Held |  |

## Part IV – Authorized Signature

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 the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

|  |                                  |          |
|--|----------------------------------|----------|
| 26. Signature of Employer                        | 27. Title (Please print or type) | 28. Date |
| 29. Please print or type name signed in item 26. | 30. Phone No.                    |          |

**ATTESTATION TO THE VERIFICATION OF EMPLOYMENT**

I, \_\_\_\_\_, do hereby attest, warrant, certify and represent that the attached Verification of Employment (“VOE”) is signed by me and in its entirety is accurate and represents that the employee mentioned is a W2 employee, as defined by applicable Internal Revenue Service (“IRS”) regulations found at [www.irs.gov](http://www.irs.gov); the most important, but not exclusive of which is that the employer I am representing withholds and subsequently pays applicable federal, state and local income taxes for the employee.

I certify under PENALTY OF PERJURY under the laws of State of \_\_\_\_\_ that the foregoing paragraph and attached VOE are true and correct.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

**\*\*\*\*\*THIS DOCUMENT IS VALID ONLY IF NOTARIZED\*\*\*\*\***

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that

State of California }  
County of \_\_\_\_\_ }

On \_\_\_\_\_, before me, \_\_\_\_\_, Notary Public,  
personally appeared \_\_\_\_\_

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

SIGNATURE \_\_\_\_\_

PLACE NOTARY SEAL ABOVE

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

**Description of attached document**

Title or type of document: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_