

Form Approved

VETERANS ADMINISTRATION, U.S. DEPARTMENT OF AGRICULTURE (Former Name: Administrator) and U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (Community Planning and Development, and Housing - Federal Housing Commissioner)

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 mortgagee or borrower under its program. It will not be disclosed outside the agency without your consent except to your supervisor(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 mortgagee or borrower may be delayed or refused. The disclosure requested in this form is authorized by Title 38, U.S.C., Chapter 37 (V.A.); by 12 U.S.C., Section 1701 et seq. (if HUD/FHA); by 42 U.S.C., Section 1435b (if HUD/CPD); and by 42 U.S.C., Section 1471 et seq., or 7 U.S.C., Section 1921 et seq. (if U.S.D.A., FmHA).

INSTRUCTIONS - LENDER OR LPA (LOCAL PROCESSING AGENCY): Complete items I through V above the separator complete Form 6. Forward the completed form directly to the employer named in item I. **EMPLOYER:** Complete other parts II and IV or Parts III and IV. Return the form directly to the lender or local processing agency named in item 2 of Part I.

PART I. REQUEST

1. TO: (Name and address of lender or LPA)	2. FROM: (Name and address of lender or local processing agency)
3. SIGNATURE OF LENDER OFFICIAL OF LPA OR FARMER LOAN PACKAGER	4. TITLE OF LENDER OFFICIAL OF LPA OR FARMER LOAN PACKAGER
7. NAME AND ADDRESS OF APPLICANT	5. DATE 6. HUD/FHA/CPD, VA, OR FARMER LOAN
	8. EMPLOYEE'S IDENTIFICATION SIGNATURE OF APPLICANT

PART II. VERIFICATION OF PRESENT EMPLOYMENT

EMPLOYMENT DATA	PAY DATA		FOR MILITARY PERSONNEL ONLY	
9. APPLICANT'S EMPLOYMENT DATE	10. A. BASIC PAY (Current)		TYPE / Amount Pay	MONTHLY AMT
10. PRESENT POSITION	1. ANNUAL	2. HOURLY	BASIC PAY	\$
11. PROBABILITY OF CONTINUED EMPLOYMENT	3. MONTHLY	4. WEEKLY	HIG PAY	\$
	10. OTHER (Specify)		PLUMPT PAY	\$
12. IF OVERTIME OR BONUS IS APPLICABLE, IS IT LIKELY TO CONTINUE?	11. LAFRANGE		CAREER SEA PAY	\$
OVERTIME <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE	YR TO DATE	OTHER (Specify)	\$
BONUS <input type="checkbox"/> YES <input type="checkbox"/> NO		PAST YR.	TYPE / Amount Pay	MONTHLY AMT
	BASIC PAY		OLAR TEAS	\$
	OVERTIME		RATIONS / Subsistence	\$
	COMMISSIONS		CLOTHING	\$
	BONUS		IRA	\$
14. IF PAID HOURLY, INDICATE AVERAGE WEEKLY HOURS WORKED DURING CURRENT AND PAST YEAR			OTHER (Specify)	\$

PART III. VERIFICATION OF PREVIOUS EMPLOYMENT

15. DATES OF EMPLOYMENT	16. SALARY RANGE AT TERMINATION PER YEAR	17. POSITION HELD	18. REASONS FOR LEAVING
	BASIC PAY		
	OVERTIME		
	COMMISSIONS		
	BONUS		

PART IV. CERTIFICATION

Forward complete verified copies of this form to the lender, local processing agency, or national headquarters or company personnel to determine the accuracy of any statement or statement by the VA Administrator, the U.S.D.A., FmHA Administrator, the HUD/CPD Administrator, or the HUD/CPD Assistant Secretary.

19. SIGNATURE	20. TITLE OF EMPLOYER	21. DATE
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4330-108-01

RETURN DIRECTLY TO LENDER OR LOCAL PROCESSING AGENCY