

Request for Verification of Deposit

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 8. Have applicant complete item 9. Forward directly to depository named in item 1. **Depository** - Please complete items 10 through 18 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.** Lender's Phone No.

Part I - Request

1. To (Name and address of depository)	2. From (Name and address of lender)
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I certify that this verification has been sent directly to the bank or depository and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender	4. Title	5. Date	6. Lender's No. (Optional)
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7. Information To Be Verified

Type of Account	Account in Name of	Account Number	Balance
			\$
			\$
			\$
			\$

To Depository: I/We have applied for a mortgage loan and stated in my/our financial statement that the balance on deposit with you is as shown above. You are authorized to verify this information and to supply the lender identified above with the information requested in items 10 through 13. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

8. Name and Address of Applicant(s)	9. Signature of Applicant(s)
	X
	X

To Be Completed by Depository

Part II - Verification of Depository

10. Deposit Accounts of Applicant(s)

Type of Account	Account Number	Current Balance	Average Balance For Previous Two Months	Date Opened
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

11. Loans Outstanding To Applicant(s)

Loan Number	Date of Loan	Original Amount	Current Balance	Installments (Monthly/Quarterly)	Secured By	No. of Late Payments
		\$	\$	\$ per		
		\$	\$	\$ per		
		\$	\$	\$ per		

12. Please include any additional information which may be of assistance in determination of credit worthiness (Please include information on loans paid-in full in item 11 above.)

13. If the name(s) on the account(s) differ from those listed in item 7, please supply the name(s) on the account(s) as reflected by your records.

Part III - 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.

14. Signature of Depository Representative	15. Title (Please print or type)	16. Date
17. Please print or type name signed in item 14	18. Phone No.	

Request for Verification of Employment

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Instructions: Lender - Complete items 1 through 7. Have applicant 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 or any other party.

Part I - Request

1. To (Name and address of employer)	2. From (Name and address of lender)
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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	4. Title	5. Date	6. Lender's No. (Optional)
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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 (include employee or badge number)	8. Signature of Applicant
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Part II - Verification of Present Employment

9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment
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12A. Current Gross Base Pay (Enter Amount and Check Period) <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Weekly <input type="checkbox"/> \$	13. For Military Personnel Only Pay Grade Type Monthly Amount Base Pay \$	14. If Overtime or Bonus is Applicable, Is Its Continuance Likely? Overtime Yes <input type="checkbox"/> No <input type="checkbox"/> Bonus Yes <input type="checkbox"/> No <input type="checkbox"/>
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12B. Gross Earnings				Rations	\$	15. If paid hourly-average hours per week
Type	Year To Date	Past Year 19	Past Year 19			
Base Pay	Thru 19 \$	\$	\$	Flight or Hazard	\$	16. Date of applicant's next pay increase
Overtime	\$	\$	\$	Clothing	\$	
Commissions	\$	\$	\$	Quarters	\$	17. Projected amount of next pay increase
Bonus	\$	\$	\$	Pro Pay	\$	
				Overseas or Combat	\$	18. Date of applicant's last pay increase
				Variable Housing Allowance	\$	
Total	\$	\$	\$			19. Amount of last pay increase

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

Part III - Verification of Previous Employments

21. Date Hired	23. Salary/Wage at Termination Per (Year)(Month)(Week)			
22. Date Terminated	Base	Overtime	Commissions	Bonus
24. Reason for Leaving			25. Position 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. Print or type name signed in Item 26	30. Phone No.	

Request for Verification of Loan

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Instructions: Lender - Complete items 1 through 8. Have applicant complete item 9. Forward directly to creditor named in item 1.
Creditor - Please complete items 10 through 16 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.

Lender's Phone No.

Part I - Request

1. To (Name and address of creditor)	2. From (Name and address of lender)
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I certify that this verification has been sent directly to the bank or creditor and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender	4. Title	5. Date	6. Lender's No. (Optional)
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7. Information To Be Verified

Type of Loan	Loan in Name of	Loan Number	Balance
			\$
			\$
			\$
			\$

To Creditor: I/We have applied for a mortgage loan and stated in my/our financial statement that the current loan balance with you is as shown above. You are authorized to verify this information and to supply the lender identified above with the information requested in items 10 through 11. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

8. Name and Address of Applicant(s)	9. Signature of Applicant(s)
	X _____
	X _____

To Be Completed by Creditor

Part II - Verification of Loan

10. Loan(s) Outstanding to Applicant(s)

Type of Loan	Loan Number	Date of Loan	Original Loan Amount	Secured by
			\$	
			\$	
			\$	

Payments	Current Balance	Date last paid	Date next due	No. of late payments
\$	\$			
\$	\$			
\$	\$			

11. Please include any additional information which may be of assistance in determination of credit worthiness (Please include information on loans paid-in full in item 10 above.)

Part III - 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.

12. Signature of Creditor Representative	13. Title (Please print or type)	14. Date
15. Please print or type name signed in item 12	16. Phone No.	

