

Request for Verification of Employment

1219293744 uwm

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 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)
	Ez HomeLoans LLC Crystal Helweg 700 N Carroll Ave, Suite 130 Southlake, TX 76092

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 <i>Crystal Helweg</i>	4. Title Operations Manager	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 See Attachment
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Part II - Verification of Present Employment

9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment																								
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 \$ _____ Rations \$ _____ Flight or Hazard \$ _____ Clothing \$ _____ Quarters \$ _____ Pro Pay \$ _____ Overseas or Combat \$ _____ Variable Housing Allowance \$ _____																								
12B. Gross Earnings <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Type</th> <th>Year To Date</th> <th>Past Year _____</th> <th>Past Year _____</th> </tr> </thead> <tbody> <tr> <td>Base Pay</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Overtime</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Commissions</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Bonus</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Total</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </tbody> </table>		Type	Year To Date	Past Year _____	Past Year _____	Base Pay	\$ _____	\$ _____	\$ _____	Overtime	\$ _____	\$ _____	\$ _____	Commissions	\$ _____	\$ _____	\$ _____	Bonus	\$ _____	\$ _____	\$ _____	Total	\$ _____	\$ _____	\$ _____	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"/> 15. If paid hourly-average hours per week _____ 16. Date of applicant's next pay increase _____ 17. Projected amount of next pay increase _____ 18. Date of applicant's last pay increase _____ 19. Amount of last pay increase _____
Type	Year To Date	Past Year _____	Past Year _____																							
Base Pay	\$ _____	\$ _____	\$ _____																							
Overtime	\$ _____	\$ _____	\$ _____																							
Commissions	\$ _____	\$ _____	\$ _____																							
Bonus	\$ _____	\$ _____	\$ _____																							
Total	\$ _____	\$ _____	\$ _____																							
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.	