Department of Veterans Affairs
USDA, Department of Agriculture

VA OMB Approval No. 2900-0521
USDA OMB Approval No. 0575-0009
Respondent Burden: 10 minutes
VA Expiration Date: XX/XX/XXXX

Department of Veterans Affairs — REQUEST FOR VERIFICATION OF EMPLOYMENT

Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (e.g., information verifying an applicant's employment may be disclosed to a prospective mortgagee proposing to make a guaranteed loan on the veteran applicant's behalf) as identified in the VA system of records, 55VA26, Loan Guaranty Home, Condominium and Manufactured Home Loan Applicant Records, Specially Adapted Housing Applicant Records and Vendee Loan Applicant Records - VA, and published in the Federal Register. Your obligation to respond is voluntary, but failure to provide requested information could impede processing.

Respondent Burden: We need this information to help determine a veteran's qualifications for a VA-guaranteed loan. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

Lender or Local Processing Agency (LPA) completes Items 1 through 6 and has the applicant sign in Item 7. Forward the completed form directly to the employer named in Item 1.
Employer completes either parts II and IV or parts III and IV. Return the form directly to the lender or local processing agency named in Item 3 of part I.

PART I - REQUEST CERTIFICATION

1. NAME AND ADDRESS OF EMPLOYER	2. NAME AND ADDRESS OF APPLICANT

3. NAME AND ADDRESS OF LENDER OR LOCAL PROCESSING AGENT (LPA)

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.

4A. SIGNATURE OF LENDER, OFFICIAL OF LPA, OR USDA LOAN PACKAGER	4B. TITLE OF LENDER, OFFICIAL OF LPA, OR USDA LOAN PACKAGER
X	

5. DATE	6. VA OR USDA NO.

I have applied for a mortgage loan or rehabilitation loan and stated that I am/was employed by you. My signature in the block authorizes verification of my employment information.	7. APPLICANT'S SIGNATURE AND EMPLOYEE IDENTIFICATION
	X

PART II - VERIFICATION OF PRESENT EMPLOYMENT

8. PRESENT POSITION	9. DATE OF EMPLOYMENT	10. PROBABILITY OF CONTINUED EMPLOYMENT	11A. PAID BY:	11B. IS OVERTIME/BONUS LIKELY TO CONTINUE?	
			SALARY ☐ YES ☐ NO	OVERTIME ☐ YES ☐ NO	BONUS ☐ YES ☐ NO
			COMMISSION ☐ YES ☐ NO		

12. CURRENT BASE PAY ▶	☐ ANNUAL ☐ MONTHLY ☐ WEEKLY ☐ HOURLY ☐ OTHER *(Specify)*

13A. BASE EARNINGS YEAR-TO-DATE	PAST YEAR
$	$
13B. OVERTIME YEAR-TO-DATE	PAST YEAR
$	$
13C. COMMISSION YEAR-TO-DATE	PAST YEAR
$	$
13D. BONUSES YEAR-TO-DATE	PAST YEAR
$	$

14A. MONTHLY TAXABLE PAY *(For Military Personnel Only)*

BASE PAY	CAREER C PAY	PRO PAY
$	$	$
FLIGHT PAY	OTHER *(Specify)*	
$	$	

14B. MONTHLY NONTAXABLE PAY *(For Military Personnel Only)*

QUARTERS	VHA	CLOTHING
$	$	$
RATIONS	OTHER *(Specify)*	
$	$	

15. REMARKS: IF PAID HOURLY, PLEASE INDICATE AVERAGE HOURS WORKED EACH WEEK DURING CURRENT AND PAST YEAR

PART III - VERIFICATION OF PREVIOUS EMPLOYMENT

16. SALARY/WAGE AT TERMINATION: ☐ YEARLY ☐ MONTHLY ☐ WEEKLY	BASE PAY	OVERTIME	COMMISSIONS	BONUS
	$	$	$	$

17. DATES OF EMPLOYMENT		18. REASONS FOR LEAVING
FROM	TO	
19. POSITION HELD		

PART IV - CERTIFICATION 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 VA or USDA Administrators.

20. SIGNATURE	21. TITLE OF EMPLOYER	22. EMPLOYER'S TELEPHONE NO. *(Include Area Code)*	23. DATE
X			