

Mortgage+Care

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Please contact us at (800)481-2708 or www.mortcare.com for a list of mergeable documents.

FannieMae

Request for Verification of Employment

INSTRUCTIONS: LENDER - Complete Items 1 thru 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. Sign and return directly to lender named in Item 2.

PART I — REQUEST

1. TO (Name and address of employer) «f238»		2. FROM (Name and address of lender) «f80» «f81» «f82», «f83» <i style="text-align: right;">Mortgage Pending - Please Rush Return</i>	
3. SIGNATURE OF LENDER	4. TITLE AUTHORIZED AGENT	5. DATE	6. LENDER'S NUMBER (Optional)

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) «f5» «f6» «f7» «f13» «f15»	8. SIGNATURE OF APPLICANT _____
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PART II — VERIFICATION OF PRESENT EMPLOYMENT

EMPLOYMENT DATA	PAY DATA				
9. APPLICANT'S DATE OF EMPLOYMENT	12A. BASE PAY \$	<input type="checkbox"/> ANNUAL <input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> BI-WEEKLY		12C. FOR MILITARY PERSONNEL ONLY	
10. PRESENT POSITION	OTHER (SPECIFY) \$	<input type="checkbox"/> WEEKLY <input type="checkbox"/> COLA COLA \$		PAY GRADE	
				TYPE	MONTHLY AMOUNT
				BASE PAY	\$
11. PROBABILITY OF CONTINUED EMPLOYMENT	12B. EARNINGS			RATIONS	\$
	TYPE	YEAR TO DATE	PAST YEAR	FLIGHT OR HAZARD	\$
	BASE PAY			CLOTHING	\$
13. IF OVERTIME OR BONUS IS APPLICABLE, IS ITS CONTINUATION LIKELY? OVERTIME <input type="checkbox"/> YES <input type="checkbox"/> NO BONUS <input type="checkbox"/> YES <input type="checkbox"/> NO	OVERTIME			QUARTERS	\$
	COMMISSIONS			PRO PAY	\$
	BONUS			OVERSEAS OR COMBAT	\$

14. REMARKS (If paid hourly, please indicate below average hours worked each week during current and past year)

Indicate Future Raises Due: Date _____ Amount _____ per _____ (Yr., Mo., Wk., or Hr.)

Cost of Living Allowance _____ 19 _____ thru _____

If the employee was off for any length of time, please indicate dates: From _____ To _____

Reason _____

Income: 2 years previous (year before last)

If there is an applicable probationary period, when does it expire? ____ / ____ / ____

Number of hours worked weekly: Current Year _____ Past Year _____

PART III — VERIFICATION OF PREVIOUS EMPLOYMENT

15. DATES OF EMPLOYMENT	16. SALARY/WAGE AT TERMINATION PER <input type="checkbox"/> YEAR <input type="checkbox"/> MONTH <input type="checkbox"/> WEEK			
	BASE \$	OVERTIME \$	COMMISSION \$	BONUS \$
17. REASONS FOR LEAVING	18. POSITIONS HELD			

The above information is provided in strict confidence in response to your request.

19. SIGNATURE OF EMPLOYER	20. TITLE	21. DATE
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The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.