

## Request for Verification of Employment

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. This 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 Arlington ISD at the address listed. Arlington ISD will complete either Part II or Part III as applicable. Arlington ISD will return to the lender named on the form. This form will only be transmitted to the lender. Arlington ISD will only provide information after receiving signed authorization from the applicant.

### Part I – Request

1) Employer: 2) From: (Name and Address of Lender)  
 Arlington ISD  
 1203 W. Pioneer Pkwy  
 Arlington, Texas  
 Phone: 682.867.7290  
 Attn: [HRCustomerService@aisd.net](mailto:HRCustomerService@aisd.net)

I certify that this verification has been sent directly to Arlington ISD and has not passed through the hands of the applicant or any other party.

3) Signature of Lender: \_\_\_\_\_ 4) Title: \_\_\_\_\_ 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 authorized verification of this information.

7) Name and Address of Applicant 8) Signature of Applicant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
Last 4 of Social Security Number: \_\_\_\_\_

### Part II – Verification of Present Employment

9) Date of Employment: \_\_\_\_\_ 10) Present Position: \_\_\_\_\_ 11) Probability of Continued Employment: \_\_\_\_\_

12) Current Gross Base Pay (Amount and Check Period)

\$ \_\_\_\_\_ Annual \_\_\_\_\_ Monthly \_\_\_\_\_ Weekly \_\_\_\_\_ Other \_\_\_\_\_

Type	Year to Date Thru _____	Past Year - _____	Past Year
Base Pay			
Overtime			
Commissions	0		0
Bonus	0		0
Other	0		0
Total	0		0

13) If Overtime or Bonus is Applicable, is its continuance likely: Overtime: \_\_\_ Yes \_\_\_ No Bonus: \_\_\_ Yes \_\_\_ No

14) If paid hourly: Average Hours per Week \_\_\_\_\_ hours 15) Date of applicant's next pay increase: \_\_\_\_\_

16) Projected amount of next pay increase: \_\_\_\_\_ 17) Date of applicant's last pay increase: \_\_\_\_\_

18) Amount of last pay increase: \_\_\_\_\_

19) Remarks if any: \_\_\_\_\_

### Part III – Verification of Previous Employment

20) Date Hired: \_\_\_\_\_ 21) Date Separated: \_\_\_\_\_ 22) Position Held: \_\_\_\_\_ 23) Reason for Separation: \_\_\_\_\_

24) Salary/Wage at Separation: \_\_\_ Year \_\_\_ Month \_\_\_ Week Base: \_\_\_\_\_ Overtime: \_\_\_\_\_ Bonus: \_\_\_\_\_

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 USDA, FmHa/FHA Commissioner, or the HUD/CPD Assistant Secretary.

25) Signature of Employer \_\_\_\_\_ 26) Title: Customer Service Specialist 27) Phone: 682.867.7290

28) Printed Name: \_\_\_\_\_ 29) Date: \_\_\_\_\_