

*Example-E*

**Request for Verification of Employment**  
**“VOE”**

In this example you see that in “Part 1, Box 2” the contact information is left out. How would the employer be able to return the requested information? In “Part II” all the pay information is blank. This information will be added once it is determined which lender will fund the loan and what their income requirements will be.

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# Request for Verification of Employment

eugene

**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) HR DEPT ATPOILT GAS CORP 4600 POST OAK PL # 200 Houston, TX 77027	2. From (Name and address of lender) ASAD ASADUDDIN [Redacted] [Redacted]
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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 <i>M. Asaduddin</i>	4. Title BROKER	5. Date 09/16/2005	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) CARA L EUGENE, SSN: 3655 STORM CREEK DR Houston, TX 77088	8. Signature of Applicant <i>Cara L. Eugene</i>
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## Part II - Verification of Present Employment

9. Applicant's Date of Employment 10/01/2000	10. Present Position Office Administrator	11. Probability of Continued Employment Very good
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12A. Current Gross Base Pay (Enter Amount and Check Period) <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Weekly	13. For Military Personnel Only Pay Grade Type 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				13. For Military Personnel Only		15. If paid hourly-average hours per week
Type	Year To Date	Past Year	Past Year	Type	Monthly Amount	
Base Pay	\$	\$	\$	Rations	\$	16. Date of applicant's next pay increase
Overtime	\$	\$	\$	Flight or Hazard	\$	
Commissions	\$	\$	\$	Clothing	\$	17. Projected amount of next pay increase
Bonus	\$	\$	\$	Quarters	\$	
Total	\$	\$	\$	Pro Pay	\$	18. Date of applicant's last pay increase
				Overseas or Combat	\$	
				Variable Housing Allowance	\$	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) Base Overtime Commissions Bonus
22. Date Terminated	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 <i>Pauline van der Swan - Archer</i>	27. Title (Please print or type) VP Administration	28. Date 9/16/05
29. Print or type name signed in Item 26 Pauline van der Swan - Archer	30. Phone No. 713 403 5518	

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