



Request for Verification of Previous Employment

Need #'s 1, 12, 13 & 16-21 Only Please

Privacy Act Notice: This information is to be used by the agency collecting it and 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(s) complete item 8. Forward directly to the employer named in item 1.
Employer – Please complete Part II as applicable. Complete Part III 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(s) or any other party.

Part I – Request – APPLICANT PRIOR

<p>1. To (Name and address of employer)</p> <p>Employer Phone:</p>	<p>2. From (Name and address of lender)</p> <p>Adrienne Ramirez Triad Manufactured Home Financial Services, Inc. 13901 Sutton Park Drive South, Suite 300 Jacksonville, FL 32224</p> <p>Phone: 800-522-2013 x 1726 Email: aramirez@triadfs.com</p>
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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>Adrienne Ramirez</i>	4. Title CLO	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	Social Security #	8. Signature of Applicant
		X

Part II – Verification of PREVIOUS Employment

9. Applicant's Date of Employment	10. Position	11. Time on Job
12. Date Hired	14. Salary/Wage at Termination Per (Year) (Month) (Week)	
13. Date Terminated	Base	Overtime
	Commissions	Bonus
15. Reason for Leaving		16. Positions Held

Part III – Authorized Signature

Federal statutes provide severe penalties for any kind of 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.

17. Signature of Employer	18. Title (Please print or type)	19. Date
20. Please print or type name signed in item 17.	21. Phone No.	

For Your Customer. For You. For More Than 60 Years.