



**CITY OF BELLE GLADE**  
110 Dr. Martin Luther King, Jr., Blvd. West  
Belle Glade, FL 33430-3900

## 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. 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/City of Belle Glade and is not to be transmitted through the applicant or any other party.

### Part I - Request

1. To (Name and address of employer)		2. From: City of Belle Glade ATTN: Human Resources Department 110 Dr. Martin Luther King Jr., Blvd. West Belle Glade, FL 33430-3900	
<b>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.</b>			
3. Signature of Lender	4. Title Director of Human Resources	5. Date March 30, 2016	6. Lender's Number 561-996-0100
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)		8. Signature of Applicant	

### Part II – Verification of Present Employment

9. Applicant's Date of Employment		10. Present Position		11. Probability of Continued Employment	
12. Current Gross Base Pay (Enter Amount and Check Period) <input 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 _____ Monthly Amount _____ Base Pay \$ _____ Rations \$ _____ Flight or Hazard \$ _____ Clothing \$ _____ Quarters \$ _____ Pro Pay \$ _____ Overseas or Combat \$ _____ Variable Housing Allowance \$ _____		14. If Overtime or Bonus is Applicable, Is Its Continuance Likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No	
12B. Gross Earnings				15. If paid hourly – average hours per week:	
Type	Year To Date	Past Year	Past Year		
Base Pay	Thru _____ \$ _____	\$ _____	\$ _____	16. Date of Applicant's next pay increase:	
Overtime	\$ _____	\$ _____	\$ _____	17. Projected amount of next pay increase:	
Commissions	\$ _____	\$ _____	\$ _____	18. Date of applicant's last pay increase:	
Bonus	\$ _____	\$ _____	\$ _____	19. Amount of last pay increase	
Total	\$ _____	\$ _____	\$ _____		
20. Remarks (if employee was off work for any length of time, please indicate time period and reason)					

### Part III – Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (year) (Month) (Week)	
22. Date Terminated	Base _____	Overtime _____ Commissions _____ Bonus _____
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	27. Title (Please print or type)	28. Date
29. Print or type name signed in Item 26	30. Phone No.	