

Request for Verification of Employment

001256881

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) H.E.L.P therapy 3636 4th Ave. San Diego, CA 92103	2. From (Name and address of lender) Rhonda Pulver Smith SecurityNational Mortgage Company 5666 Seminole Blvd, Suite 128 Seminole, FL 33772 Phone 727-498-3570 Fax 727-213-6202
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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>Rhonda K Smith</i>	4. Title Loan Originator	5. Date 9/12/2024	6. Lender's Number (Optional) 001256881
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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) Gina McAlister 16115 Country Crossing Dr, Tampa, FL 33624-1002	8. Signature of Applicant see attached authorization
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Part II – Verification of Present Employment

9. Applicant's Date of Employment 10-2-20	10. Present Position Scheduler	11. Probability of Continued Employment Positive - great employee	
12A. Current Gross Base Pay (Enter Amount and Check Period) <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Weekly \$ 26.50	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 15. If paid hourly - average hours per week 40 16. Date of applicant's next pay increase _____ 17. Projected amount of next pay increase _____ 18. Date of applicant's last pay increase 4-1-22 19. Amount of last pay increase \$1.00	
12B. Gross Earnings			
Type	Year To Date	Past Year	Past Year
Base Pay	Thru 9-6-24 32,847	44,236	44,854
Overtime			
Commissions			
Bonus			
Total	32,847	44,236	44,854
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) 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	27. Title (Please print or type)	28. Date
29. Please print or type name signed in Item 26.	30. Phone No.	