

Form RD 1910-5 (Rev. 12-08) UNITED STATES DEPARTMENT OF AGRICULTURE HOUSING AND URBAN DEVELOPMENT VETERANS ADMINISTRATION (Community Planning and Development, and Housing - Federal Housing Commissioner) Form Approved OMB No. 0575-0172

REQUEST FOR VERIFICATION OF EMPLOYMENT

LENDER, LOCAL PROCESSING AGENCY (LPA), AND LOAN PACKAGER: Complete items 1 through 7. Have the applicant complete item 8 and sign. Forward the completed form directly to the employer named in item 1. CONTRACTOR: Complete items 1 through 7. Have applicant or borrower complete item 8 and sign. Forward the completed form directly to the USDA or lender office identified in item 2. EMPLOYER/PROVIDER: Complete either parts II and IV or parts III and IV. Return form directly to the office identified in item 2 of Part I.

PART I - REQUEST

1. TO: (Name and Address of Employer) (1)

2. FROM: (Name and Address of Lender or Local Processing Agency) This item must be completed before sending to employer. (2)

3. 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)

4. TITLE OF LENDER OFFICIAL OF LPA, USDA OFFICIAL, MFH PROJECT MGR., OR USDA LOAN PACKAGER (4)

5. DATE

6. HUD/FHA/CPD, VA OR USDANO.

(Signature of Lender, Official of LPA, USDA Official/USDA Loan Packager or Government contractor)

7. NAME AND ADDRESS OF APPLICANT (6)

I have applied for a mortgage loan, a farm loan or a rehabilitation loan or to be an occupant in an MFH project and stated that I am or was employed by you. My signature in the block below authorizes verification of my employment information. (5)

8. TAXPAYER'S IDENTIFICATION NO. OR SOCIAL SECURITY NO.

SIGNATURE OF APPLICANT (7)

PART II - VERIFICATION OF PRESENT EMPLOYMENT/INCOME

EMPLOYMENT DATA		PAY DATA			
9. APPLICANT'S DATE OF EMPLOYMENT	12A. BASE PAY (Current) OR OTHER INCOME \$ _____ <input type="checkbox"/> Annual \$ _____ <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Monthly \$ _____ <input type="checkbox"/> Weekly \$ _____ <input type="checkbox"/> Other (Specify)	For Military Personnel Only			
10. PRESENT POSITION		Type	Monthly Amount	BASE PAY	\$
11. PROBABILITY OF CONTINUED EMPLOYMENT	12B. EARNINGS	Type	Year to Date as of _____	Past Year	RATIONS \$
13. 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	BASE PAY \$				FLIGHT OR HAZARD \$
	OVERTIME \$				CLOTHING \$
	COMMISSIONS \$				QUARTERS \$
	BONUS \$				PRO PAY \$
					OVERSEAS OR COMBAT \$
14. REMARKS (If paid hourly, please indicate average hours worked each week during current and past year)	a. Number of hours worked per week	b. Anticipated increase or decrease in salary in next 12 months	c. Anticipated overtime hours to be worked in next 12 months		

PART III - VERIFICATION OF PREVIOUS EMPLOYMENT

15. DATES OF EMPLOYMENT

16. SALARY/WAGE AT TERMINATION PER YEAR MONTH WEEK

BASE PAY \$	OVERTIME \$	COMMISSIONS \$	BONUS \$
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17. REASONS FOR LEAVING

18. POSITION HELD

PART IV

Federal statutes provide severe civil and criminal penalties for any person who knowingly makes false or fraudulent statements or representations to a government agency or officer with the intention of influencing any action by such agency or officer.

19. SIGNATURE
Printed name and phone number

20. TITLE OF EMPLOYER

21. DATE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

SEE ATTACHED PRIVACY ACT NOTICE

Used by the field office to verify the employment and/or income of applicants applying for USDA services. Field offices will also make the form available to guaranteed lenders, application packagers and USDA contractors.

USDA contractors will prepare the form, obtain the applicant or borrower's signature, and deliver the form directly to USDA for transmittal to the employer. USDA will provide the employer with a pre-addressed return envelope for returning the verification to the field office.

USDA guaranteed lenders and loan packagers may deliver the form directly to the employer and have it returned directly to their office.

PROCEDURE FOR PREPARATION : HB-1-3550, HB-2-3550 and RD Instruction 1980-D.

PREPARED BY : System generated when applicable. The Agency loan approval official or designee, contractors, lenders and individual organizations who are packaging rural housing loan applications.

NUMBER OF COPIES : Original only.

SIGNATURES REQUIRED : Original by applicant, person making the request (except in payment assistance renewal packets) and applicant's employers.

DISTRIBUTION OF COPIES : Original mailed to applicant's employer or inserted in payment assistance renewal packets. When returned by the employers, the form will be filed in the field office case file.

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Position 3

UNITED STATES DEPARTMENT OF AGRICULTURE
Rural Development
PRIVACY ACT STATEMENT TO REFERENCES

Rural Development is authorized by the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 et. seq.); and Title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 et. seq.), to solicit the information requested.

Disclosure of the information requested is voluntary. However, information provided is of considerable value to the Agencies in determining the repayment ability of individuals and their eligibility for Agency programs. There will be no consequences to you if you do not provide the information requested.

Your name, and the information you provide, will be released to the applicant at the applicant's request. Some information will be available to any requestor under the provisions of the Freedom of Information Act.

The information you provide may be referred to another agency, whether Federal, State, local or foreign, charged with the responsibility of investigating or prosecuting a violation of law, or of enforcing or implementing the statute, rule, regulation, or order issued pursuant thereto, of any record within this system when information available indicates a violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by rule, regulation or order issued pursuant thereto.

*Rural Development is a Equal Opportunity Lender.
Complaints of discrimination based on race, sex, religion,
national origin or martial status should be sent to:
Secretary of Agriculture, Washington, D. C. 20250.*

INSTRUCTIONS FOR PREPARATION

- (1) Insert employer's mailing address.
- (2) Guaranteed lenders may insert their mailing address.

The address of the field office will be typed or written in the space provided before the forms are provided to USDA contractors, packagers, inserted in payment assistance renewal packets by the Centralized Servicing Center (CSC) or mailed to employers.

- (3) This item will be completed by the guaranteed lender, loan packager or the Agency loan approval official before transmittal to the employer.
- (4) This item will always be completed by the guaranteed lender, loan packager, the Agency loan approval official or designee.
- (5) Applicant's Taxpayer's identification number or Social Security number must be entered here.
- (6) Name and address of applicant/borrower must be entered here.
- (7) Applicant/borrower must sign here, if Form RD 3550-1, Authorization to Release Information, is not attached.

NOTE: This form will be completed by UNIFI as applicable. Signatures required in items (3) and (7).