Request for Verification of Benefits

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 Administrator of Benefits named in item 1. **Administrator of Benefits** - Please complete items 9A through 12 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.**	Lender's Phone No.

Part I - Request

1. To (Name and address of Administrator of Benefits)	2. From (Name and address of lender)

I certify that this verification has been sent directly to employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender	4. Title	5. Date	6. Lender's No. (Optional)

I have applied for a mortgage loan and stated that I am now receiving the following benefits. My signature below authorizes verification of this information.

Type of Account	Account in Name of	Account Number	Balance
			$
			$
			$
			$
			$
			$

7. Name and Address of Applicant(s)	8. Signature of Applicant(s)
	X
	X

Part II - Verification of Benefits

9A. Is Applicant now Receiving Benefits? ☐ Yes ☐ No

9B. Type of Benefits:

10. Amount of Benefits $ ☐ Annnual ☐ Monthly ☐ Weekly

11. Probablity of Continuance:

12. Remarks:

Part III - 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 Commisioner, or the HUD/CPD Assistant Secretary.

13. Signature	14. Title (Please print or type)	15. Date

16. Please print or type name signed in item 13	17. Phone No.