VERBAL VERIFICATIO	N OF EMPLOYMENT:	
Borrower Name:		Date:
Loan Number:		
Employer Name:		
Employer Address:		
I CERTIFY THE FOLLO	WING:	
☐ Directory A☐ Telephone☐ Other:		through:
Name of Contact:		
Title:		Date:
Is the applicant currently your company?	an employee of YES NO	
What is/was the period of What is/was the applican		END DATE:
SELF-EMPLOYED BOF Business Name:	RROWER:	
Phone:	Listed with Directo	YES NO
If not, is the company in	existence as verified by Secretary of Sta	
CPA or Disinterest third	party name (if applicable):	
CPA or Disinterest third	party phone number (if applicable):	
Borrower's Position:	Туре о	f Business:
List any other type of thi	rd party verification used (if necessary):	
SELF-EMPLOYED B	ORROWER:	
I certify that the b	orrower's only source of income is non-en	nployment income.
VERIFICATION COM	PLETED BY:	
By signing this form, the	ne signer confirms that the borrower was e	employed at the time of the date below:
Company Name:	Positio	n/Title: