

**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 and is not to be transmitted through the applicant or any other party.

**Part I - Request**

1. To (Name and address of employer) <b>WINCHESTER JAC, LLC</b> <b>6258 MARTIN RD</b> <b>EPHRATA, WA 98823 UNITED STATES</b> <b>(509) 794-9121</b>	2. From (Name and address of lender) <b>PRIMELENDING, A PLAINSCAPITAL COMPANY</b> <b>114 COLUMBIA POINT DRIVE, SUITE A</b> <b>RICHLAND, WA 99352</b> Phone: _____ Fax: _____
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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>Rico Santillan</i>	4. Title <b>Jr. Loan Processor</b>	5. Date <b>06/20/2025</b>	6. Lender's No. (Optional) <b>8000357455</b>
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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(s) <b>JOSE L MENDOZA VERDUZCO</b> <b>XXX-XX-9312</b> <b>19007 ROAD 6 SW</b> <b>QUINCY, WA 98848 US</b>	8. Signature of Applicant(s) <b>X SEE ATTACHED</b>
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**Part II - Verification of Present Employment**

<input checked="" type="checkbox"/> 9. Applicant's Date of Employment	<input checked="" type="checkbox"/> 10. Present Position	<input checked="" type="checkbox"/> 11. Probability of Continued Employment
<input checked="" type="checkbox"/> 12A. 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 checked="" type="checkbox"/> Weekly		<input checked="" type="checkbox"/> 13. For Military Personnel Only Pay Grade _____ Type _____ Monthly Amount _____
<input checked="" type="checkbox"/> 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		<input checked="" type="checkbox"/> 15. If paid hourly - average hours per week
<input checked="" type="checkbox"/> 16. Date of applicant's next pay increase		<input checked="" type="checkbox"/> 17. Projected amount of next pay increase
<input checked="" type="checkbox"/> 18. Date of applicant's last pay increase		<input checked="" type="checkbox"/> 19. Amount of last pay increase
<input checked="" type="checkbox"/> 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	22. Date Terminated	23. Salary/Wage at Termination Per (Year) (Month) (Week) 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.**

<input checked="" type="checkbox"/> 26. Signature of Employer	<input checked="" type="checkbox"/> 27. Title (Please print or type)	<input checked="" type="checkbox"/> 28. Date
<input checked="" type="checkbox"/> 29. Print or type name signed in Item 26	<input checked="" type="checkbox"/> 30. Phone No.	

