Verification of Employment Form

TO:

,
Phone #:
Fax #:

FROM: **Quontic Bank**
31-05 Broadway
Astoria, NY 11106

_____ _____ _____
Requestor Name (Print) Position Signature Date

Name and Address of Applicant: ***See attached borrower's authorization**

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To Be Completed By Employer / Company Accountant (if employed by family):

Applicant's Date of Employment: _____

Present Position: _____

Current Gross Annual Earnings (all sources): _____

Probability of Continued Employment: _____

Does Applicant Have Any Ownership in Business: No _____ Yes ____; _____%

Authorized Signature:

_____ _____ _____
Signature of Employer / Company Accountant Title Date

_____ _____
Print Name of Signor Phone Number

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, FhHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

FOR INTERNAL BANK USE ONLY