

Instructions Page

Purpose

Originators of MPF Traditional loans must use this template or an equivalent to document a verbal verification of employment (VVOE) in accordance with MPF Traditional Selling Guide Chapter 5.

Preparation

- **When** – The Originator must complete the VVOE no more than ten (10) days prior to Closing.
- **Who** - This form must be completed by an employee of the Originator who has responsibilities that would cause such individual to be knowledgeable of the facts and processes needed to complete this form and has authority to certify to the truthfulness and accuracy of the information on this form.
- **How** – The form must be completed using information obtained verbally from the Applicant's employer.

Submission

- **When** – The VVOE must be retained in the Mortgage Loan File.
- **How** – Upon request, the PFI must include the VVOE with the Quality Control file request.
- **To Whom** – Upon request, the PFI must submit the VVOE to the MPF Quality Control Department.

The Servicer should retain a copy of the completed VVOE for their own records.

Assistance

Please call the MPF Service Center at 877-FHLB-MPF (877-345-2673) for any questions or assistance needed in completing the form.

Helpful Hints

- A separate VVOE is required for each Applicant who is using employment income to qualify for the Mortgage Loan.
- For VVOE requirements for self-employed Applicants, see MPF Traditional Selling Guide Chapter 5.

Verbal Verification of Employment (Exhibit R)



Applicant Information

Applicant Name: _____

Property Address: _____

Applicant's Current Employment Status: _____

Applicant's Dates of Employment: from _____ to _____

Is the applicant related to any of the owners of the business? Yes No

- If "Yes", describe the applicant's relationship to the owner(s): _____

Does the applicant have any ownership interest in the business? Yes No

- If "Yes", provide the applicant's percentage of ownership: _____%

Applicant's Employer Information

Employer Name: _____

Printed Name of Employer Contact: _____

Title of Employer Contact: _____ Employer Phone #: _____

Source of the phone number (e.g. internet, phone book, directory assistance): _____

Employee of Originator Information

Name of Originating Institution: _____

Printed Name of Employee Completing Form: _____

Title: _____ Date Completed: _____