

Request for Verification of Employment

Privacy Act Notice: This information is to be used by Caliber Home Loans, Inc. ("CHL") and its assignees in determining whether you qualify for a loan modification under your investor's Disaster Loss Mitigation program. It will not be disclosed outside of CHL except as required and permitted by law. You do not have to provide this information, but if you do not, CHL will not be able to proceed with a loan modification without a complete financial application and review.

Instructions: **Lender** – Complete items 2 through 5. **Mortgagor** - Complete items 1, 6 and 7. **Employer** - Complete items 8 through 16.

Part I - Request

1. To (Name and Address of Mortgagor's Employer)		2. From (Name and Address of Lender)	
3. Signature of Lender	4. Name and Title	5. Date	

Mortgagor Certifies: I am seeking mortgage loan assistance due to being impacted by a natural disaster and have been asked to provide information confirming that I was employed by you prior to the recent natural disaster, and/or I am currently employed by you with no change to my earnings compared to before the natural disaster. My signature below authorizes verification of this information.

6. Mortgagor Name and Caliber Home Loans, Inc. Loan Number	7. Signature of Mortgagor
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Part II – Verification of Present Employment

8. Date of Hire	9. Employment Status Currently (full/part time)	10. Current Pay (including overtime)
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11. Currently, does the Employee have any reduction in hours or pay as a result of the natural disaster? **Please state Yes or No.** _____

If yes, please describe and outline the expected duration of the impact to the Employee.

Part III – Verification of Previous Employment (if applicable)

12. Date of Hire	13. Employment Status before disaster (full/part time)	14. Salary/Wage at Termination per (Year) (Month) (Week)
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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 USDA, FMHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

15. Signature of Employer	16. Title (Please print or type)	19. Date
17. Please print or type name signed in Item 12.	18. Phone No. and Email Address	