

URBAN REDEVELOPMENT AUTHORITY

VERIFICATION OF EMPLOYMENT

INSTRUCTIONS: URA – Complete items 1 thru 7. Have applicant sign item 8. Forward directly to employer named in item 1.
 EMPLOYER – Please complete either Part II or Part III as applicable. Sign and return directly to URA (Item 2).

PART I – REQUEST

1. TO (Name and address of employer)		2. FROM (Names and address of URA) ALICIA MAJORS-MYRICK URBAN REDEVELOPMENT AUTHORITY OF PITTSBURGH 200 ROSS STREET, 10TH FLOOR PITTSBURGH, PA 15219-2069	
3. SIGNATURE OF URA AGENT	4. Title	5. DATE	6. URA Telephone # Office: 412-255-6698 Fax: 412-255-6645

I have applied for a mortgage loan and stated that I am now or was formerly employed by you.

7. NAMES AND ADDRESS OF APPLICANT (Include employee or badge number)	8. TO BE COMPLETED BY MORGAGE APPLICANT OR CO-APPLICANT _____ Applicant's Signature
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PART II – VERIFICATION OF PRESENT EMPLOYMENT

EMPLOYMENT DATA	PAY DATA				
9. APPLICANT'S DATE OF EMPLOYMENT	12A. CURRENT BASE PAY (Enter Amount and Check Period) <input type="checkbox"/> ANNUAL <input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER \$ _____ <input type="checkbox"/> WEEKLY (Specify)			12C. FOR MILITARY PERSONNEL ONLY	
				PAY GRADE:	
10. PRESENT POSITION			TYPE	MONTHLY AMOUNT	
11. PROBABILITY OF CONTINUED EMPLOYMENT	12B. EARNINGS			BASE PAY	\$
	TYPE	Year to Date	Past Year	RATIONS	\$
13. 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	BASE PAY	\$	\$	FLIGHT OR HAZARD	\$
	OVERTIME	\$	\$	CLOTHING	\$
	COMMISSIONS	\$	\$	QUARTERS	\$
	BONUS	\$	\$	PRO PAY	\$
			OVERSEAS OR COMBAT	\$	

14. REMARKS (If paid hourly, please indicate average hours worked each week during current and past year)

GROSS EARNINGS THIS YEAR : \$ _____ TO DATE THRU _____ 20_____ (Indicate per Year, Month, Week, Hour)

INDICATE FUTURE RAISES DUE : _____ AMOUNT \$ _____ PER _____

IF THIS EMPLOYEE WAS OFF FOR ANY LENGTH OF TIME, PLEASE INDICATE DATES: FROM _____ TO _____

PART III – VERIFICATION OF PREVIOUS EMPLOYMENT

15. DATE OF EMPLOYMENT	16. SALARY/WAGE AT TERMINATION PER (Year) (Month) (Week) BASE _____ OVERTIME _____ COMMISSIONS _____ BONUS _____		
17. REASON FOR LEAVING	18. POSITION HELD		

The above information is provided in strict confidence in response to your request.

19. SIGNATURE OF EMPLOYER	20. TITLE	21. DATE
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The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The form is to be transmitted directly to the URA.