

# Quicken<sup>®</sup> Loans<sup>®</sup>

## Request for Written Verification of Employment

This request is confidential and intended for an employee in Payroll or Human Resources.  
Our client should not have involvement in the completion of this form.

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~~To:~~ From:

Company :

Fax Number :

~~Justin Sata~~ Michael Bishop

The Mandatory Poster Agency Inc

(888) 442-4144

~~From:~~ To:

Phone Number :

Fax Number :

E-Mail :

Employment Verification Team

(800) 984-2588 option 2

(888) 373-7421

VendorDocs@QuickenLoans.com

Time Sent :

Pages :

Subject :

Wednesday, October 18, 2017 11:36 AM

3

3391147079, Molly Fay

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Please remember:

\_ Signature of the verifier

\_ Printed Name

\_ Title

\_ Phone Number

\_ Date

If errors are made, cross them out and include your initials. Also, if information can't be provided due to company policy, please note that.

PLEASE NOTE: The client cannot assist with this form. It must be completed by someone other than the client and either faxed or e-mailed back to the contact information on the provided form / fax cover page.

Additional Notes:



Loan #: 3391147079

## Request for Verification of Employment and Income

1050 Woodward Ave, Detroit, MI 48226-1906

## Employer

Name: The Mandatory Poster Agency Inc  
 ATTN: Human Resources  
 Street Address: 6323 W Saginaw Highway  
 City: Lansing  
 State, ZIP: MI, 48917  
 Phone: (517)321-4144 Fax: (888)442-4144

## Employee

Name: Molly Fay  
 Street Address: 310 N Cedar St, Apt 313  
 City: Lansing  
 State, ZIP: MI, 48912-1220

## Lender

Name: Quicken Loans Inc.  
 ATTN: VOE Team  
 Street Address: 1050 Woodward Ave  
 City: Detroit  
 State, ZIP: MI, 48226-1906  
 Phone: (800)713-7320 Fax: (888)373-7421

## PART 1. EMPLOYMENT INFORMATION

Employee's Hire Date (Month-Day-Year): 10/29/15 Employee's Job Title/Position: Administrative AssistantEmployment State of Employee: ☒ Full Time ☐ Part time ☐ On Leave ☐ Inactive ☐ SeasonalA. Is Employment expected to continue? ☒ Yes ☐ No If on leave, what date will the employee return? Date: 1/1B. If inactive, please provide termination date: 1/1

C. If seasonal, what months did the employee work in the past two years? \_\_\_\_\_

D. How many months is the employee paid each year? ☐ 10 months ☒ 12 months ☐ Other \_\_\_\_\_E. Rate of Pay: \$ 15.00 Per: Hour (i.e.: per year, week, every 2 weeks) Average Hours per Pay Period: \_\_\_\_\_ HoursF. Year-to-Date (YTD) Earnings before taxes: \$ 20,877.17 as of 10/13/2017Does YTD amount (above) include overtime, commission, housing allowance, bonus and/or tips? ☒ Yes ☐ No

G. If so, please break down each category total year-to-date below. (If any of the following do not apply, please mark with N/A)

H. Overtime: \$ \_\_\_\_\_ Commission: \$ 36.92 Housing Allowance: \$ N/A Bonus: \$ N/A Tips: \$ N/AI. Check any of the following incomes that are expected to continue: ☐ Overtime ☐ Commission ☐ Housing allowance ☐ Bonus ☐ TipsJ. Date and amount of last pay increase: 1/1/17 \$ \_\_\_\_\_ per: \_\_\_\_\_ (i.e.: per year, week, every 2 weeks)

If employee was off work for any length of time, please indicate the length of time and reason: \_\_\_\_\_

## PART 2. INCOME HISTORY

Please complete this entire table for each year entered:

Prior Year:	Base Pay for the year	Overtime for the year	Commissions for the year	Bonuses for the year	Tips for the year	Housing Allowance for the year	Total Pay for the year
<u>1/1/2016</u>	\$ <u>16,566.00</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>1973.70</u>
<u>1/1/2015</u>	\$ <u>1973.70</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>1973.70</u>

The Certification and Authorization document authorizing the release of employment information is attached.

Employer: By signing below, I certify the information of part 1 and part 2 of this verification is true and complete. I understand federal law provides severe penalties for fraud, intentional misrepresentation, criminal conspiracy, helping or consenting to help another commit a crime or the conspiracy to influence the issuance of any guarantee by the VA Secretary, FHA Commissioner, or the HUD/CPC Assistant Secretary:

Michael Bishop Michael Bishop Operations Mgr. (517)321-4144x355 10/19/17  
 Verifier Signature Print Name Title Phone Number Date

mikeb.LLPS@comcast.net  
 Verifier Email Address

Branden Coffey Vendor Analyst (800)713-7320 10/18/17  
 Lender Signature Print Name Title Phone Number Date

NOTE: The employee cannot assist with this form, it must be completed by someone other than the employee and faxed back to the number below.

Please return this completed form back to us by using one of the following ways: ATTN: The VOE Team

Fax: (888)373-7421 or Email: VendorDocs@QuickenLoans.com

If you have any questions or concerns, please call the Employment Verification Team at (800)713-7320, option 2

Questions? Contact the Employment Verification (VOE) team.

Phone: (800)713-7320 Option 2

Hours: Monday - Friday: 8:30 a.m. - 7:30 p.m. ET

Email: VendorDocs@QuickenLoans.com

Secure Fax: (888)373-7421

2017/10 vempcur.pcl



4074024624

Loan#: 3391147079  
Date: 10/17/2017

## Certification & Authorization

### Certification

The undersigned certify the following:

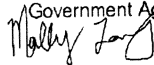
1. I/We have applied for a mortgage loan from Quicken Loans Inc. ("Lender"). In applying for the loan, I/we completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/we omit any pertinent information.
2. I/We understand and agree that Lender reserves the right to change the mortgage loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1014.

### Authorization to Release Information

To Whom It May Concern:

1. I/We have applied for a mortgage loan from Lender. As part of the application process, Lender may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control process. I/We understand that any misrepresentations discovered during the application process, and thereafter, may be reported or shared with law enforcement or fraud alert databases.
2. I/We authorize you to provide to Lender, and to any investor to whom Lender may transfer my/our mortgage loan to, any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns. This authorization also applies to proof of homeowner's insurance coverage and requests for payoff statements from my/our current mortgage lender/bank even if such requests are from the title company performing the closing/settlement of my/our mortgage loan with Lender.
3. Lender or any investor that purchases the mortgage may address this authorization to any party named in the loan application or disclosed by any consumer credit reporting agency or similar source.
4. If applicable, I/We request that my/our second mortgage loan be subordinated to the new refinanced first mortgage with Lender. I/We authorize the release of any information, either verbally or written, in order to process the subordination request.
5. If applicable, I/We authorize the release of any information to my/our current mortgage lender/bank if necessary to obtain a payoff statement or aid in the negotiation of reduced or modified payoff terms.
6. I/We authorize release of any information to other borrowers on the application for this mortgage loan.
7. I/We release and agree to hold Lender and any investor that purchases my/our mortgage harmless from any liability that may arise from verifying information contained in my/our loan application or for any reporting of misrepresentations discovered during the application process or thereafter.
8. A copy of this authorization may be accepted as an original and this authorization may be electronically signed in place of a handwritten signature.

**NOTICE TO BORROWERS:** This notice to you as required by the Right to Financial Privacy Act of 1978 that HUD/FHA has a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to HUD/FHA without further notice or authorization but will not be disclosed or released by this institution to another Government Agency or Department without your consent except as required or permitted by law.



10/17/2017

-0439

Molly Fay

Date

SS#

Date

SS#

Date

SS#

Date

SS#

4073006985  
2012/06 bca1.pcl

q03391147079 0132 126 0101

Void <input type="checkbox"/>		a Employee's social security number 378-17-0439		OMB No. 1545-0008		
b Employer identification number (EIN) 38-3468792			1 Wages, tips, other compensation 1973.70		2 Federal income tax withheld 86.82	
c Employer's name, address, and ZIP code THE MANDATORY POSTER AGENCY INC 5859 WEST SAGINAW HWY SUITE 343  LANSING MI 48917			3 Social security wages 1973.70		4 Social security tax withheld 122.37	
			5 Medicare wages and tips 1973.70		6 Medicare tax withheld 28.62	
			7 Social security tips		8 Allocated tips	
d Control number 26			9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff.  MOLLY D. FAY  4714 GRANDWOODS DR  LANSING MI 48917			11 Nonqualified plans		12a See instructions for box 12	
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
			14 Other		12c	
					12d	
f Employee's address and ZIP code						
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
MI	38-3468792	1973.70	52.88			

Void <input type="checkbox"/>		a Employee's social security number 378-17-0439		OMB No. 1545-0008	
b Employer identification number (EIN) 38-3468792			1 Wages, tips, other compensation 16566.00		2 Federal income tax withheld 1179.15
c Employer's name, address, and ZIP code THE MANDATORY POSTER AGENCY INC 5859 WEST SAGINAW HWY SUITE 343  LANSING MI 48917			3 Social security wages 16566.00		4 Social security tax withheld 1027.09
			5 Medicare wages and tips 16566.00		6 Medicare tax withheld 240.21
			7 Social security tips		8 Allocated tips
d Control number 24			9		10 Dependent care benefits
e Employee's first name and initial Last name Suff.  MOLLY D. FAY  310 N. CEDAR #205  LANSING MI 48912			11 Nonqualified plans		12a See instructions for box 12 
			13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b 
			14 Other		12c 
					12d 
f Employee's address and ZIP code					
15 State Employer's state ID number MI 38-3468792	16 State wages, tips, etc. 16566.00	17 State income tax 534.05	18 Local wages, tips, etc.	19 Local income tax	20 Locality name