HOME APPLICATION CHECK LIST

DUE DATE	WHAT	WHO	IN PROGRESS	DONE
	APPLICATION			
	CONTRACT			
	TAXES			
	INSURANCE BINDER (1YR)			
	EMPLOYER VERIFICATION			
	(COPY) DRIVERS LICENSE			
	(COPY) SOCIAL SECURTTY CARD			

NOTES

Verification of Employment needs to be printed and given to your Employer

CREDIT REPORT AUTHORIZATION

WAGGONER NATIONAL BANK
P.O. BOX 2271
VERNON, TEXAS 76385

Business Entity

Date _____ Savings Account # _____
Tax ID # _____ Checking Account # _____
Customer # _____ Loan # _____
Other Services LOANS

As used in this document, the words "you" and "your" mean the individual signers listed below and the words "we" and "us" mean the financial institution.

We need to verify your creditworthiness for the following reason(s):

- ☐ The above-named Business Entity with which you are associated has applied for a loan from us.
- ☐ The above-named Business Entity with which you are associated has applied to open a deposit or share account with us.
- ☒ INDIVIDUAL

You understand that we have a current need to review your creditworthiness as an individual. By signing below, you authorize us to check your credit account and employment history and/or have a credit reporting agency prepare a credit report on you. You also acknowledge that we will verify the creditworthiness of the above-named Business Entity.

(Name/Title) (Identifying Information)	(Name/Title) (Identifying Information)
(Signature) (Date)	(Signature) (Date)
(Name/Title) (Identifying Information)	(Name/Title) (Identifying Information)
(Signature) (Date)	(Signature) (Date)

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Request for Verification of Employment

PRIVACY ACT NOTICE: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Instructions: *Lender* - Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.
Employer - Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.
The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

Part I - Request 1. To (Name and address of employer)

2. From (Name and address of lender)

WAGGONER NATIONAL BANK
P.O. BOX 2271-1818 TEXAS ST
VERNON, TEXAS 76384

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender	4. Title	5. Date	6. Lender's Number (Optional)

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (Include employee or badge number)	8. Signature of Applicant

Part II - Verification of Present Employment

9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment

12A. Current Gross Base Pay (Enter Amount and Check Period)
☐ Annual ☐ Hourly
☐ Monthly ☐ Other (Specify)
☐ Weekly
$ _____

12B. Gross Earnings

Type	Year To Date	Past Year ____	Past Year ____
Base Pay	Thru _____ $	$	$
Overtime	$	$	$
Commissions	$	$	$
Bonus	$	$	$
Total	$	$	$

13. For Military Personnel Only
Pay Grade

Type	Monthly Amount
Base Pay	$
Rations	$
Flight or Hazard	$
Clothing	$
Quarters	$
Pro Pay	$
Overseas or Combat	$
Variable Housing Allowance	$

14. If Overtime or Bonus is Applicable, Is Its Continuance Likely?
Overtime ☐ Yes ☐ No
Bonus ☐ Yes ☐ No

15. If paid hourly - average hours per week

16. Date of applicant's next pay increase

17. Projected amount of next pay increase

18. Date of applicant's last pay increase

19. Amount of last pay increase

20. Remarks (If employee was off work for any length of time, please indicate time period and reason)

Part III - Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (Year) (Month) (Week)
22. Date Terminated	Base _____ Overtime _____ Commissions _____ Bonus _____
24. Reason for Leaving	25. Position Held

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 U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer	27. Title (Please print or type)	28. Date
29. Print or type name signed in item 26	30. Phone No.	

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29. Print or type name signed in Item 26	30. Phone No.	