



STEWARDS OF CAPITAL & CO.®
A MORTGAGE BANKING & LENDING CORPORATION

Verbal Verification of Employment

Upon completion of this form, submit to the Funding department. You may fax the form to (305) 459-1130 or email to mortgages@stewardsofcapital.com.

BORROWER INFORMATION

Borrower Name: _____ Loan Number: _____

SALARIED/COMMISSIONED BORROWER – EMPLOYER VERIFICATION INFORMATION

Must be completed within 10 days prior to closing

Employer Name: _____ Borrower's Position: _____

Employer Address: _____

City, State and Zip: _____

Employer Phone Number: _____ Listed with Directory Assistance? _____

Employment Verified by: _____ Position/Department: _____

Borrower's Dates of Employment: _____

Probability of Continued Employment: Good _____ Fair _____ Refuses to provide _____

Military: Provide a Military Leave and Earning Statement (LES) within 30 days of closing

SELF-EMPLOYED BORROWER – COMPANY VERIFICATION INFORMATION Must be completed within 30 days prior to closing

Business Name: _____

Business Phone Number: _____

If not, is the company in existence as verified by Secretary of State/other regulatory agency?

CPA or Disinterested third party name (if applicable): _____

CPA or Disinterested third phone number (if applicable): _____

Borrower's Position: _____

List any other type of third party verification used (if necessary): _____

NON-EMPLOYMENT INCOME

Social security, pension, disability, etc.

_____ I certify that the borrower's only source of income is non-employment income

VERIFICATION COMPLETED BY

By signing this form, the signer confirms that the borrower was employed and had income at the time of loan application

Company Name: _____ Position/Title: _____

Signature _____ Typed Name _____ Date _____



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