

VICTOR LOPEZ 93603

CMGT LRNM

Request for Verification of Employment

1600079675

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) Lake Regional Medical Caitlin Scholl 140 E. Hintz Rd. Wheeling, IL 60090 Phone 847-520-1553	2. From (Name and address of lender) Sinal Sias LeaderOne Financial Corporation 1701 East Woodfield Road, Suite 900 Schaumburg, IL 60173 Phone 630-908-7060 Fax 630-485-6189
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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 Loan Officer / Admin	5. Date 04/22/2016	6. Lender's Number (Optional) 1600079675
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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) Victor A. Lopez 3509 Winhaven Dr., Waukegan, IL 60087	8. Signature of Applicant See attached borrower's authorization
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Part II - Verification of Present Employment

9. Applicant's Date of Employment 01-11-2010	10. Present Position general laborer	11. Probability of Continued Employment good
12A. Current Gross Base Pay (Enter Amount and Check Period) VARIES \$ 500-800 <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Weekly	13. For Military Personnel Only Pay Grade _____ Type _____ Monthly Amount _____ Base Pay \$ _____ Rations \$ _____ Flight or Hazard \$ _____ Clothing \$ _____ Quarters \$ _____ Pro Pay \$ _____ Overshoot or Combat \$ _____ Variable Housing Allowance \$ _____	
12B. Gross Earnings		14. If Overtime or Bonus is Applicable, is its Continuance Likely? Overtime <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Type	Year To Date 10	Past Year
Base Pay	Thru 4/22/16 8388.53	
Overtime	1690.92	
Commissions	X	
Bonus	X	
Total	10,079.45	
20. Remarks (If employee was off work for any length of time, please indicate time period and reason)		15. If paid hourly - average hours per week 40
		16. Date of applicant's next pay increase n/a
		17. Projected amount of next pay increase n/a
		18. Date of applicant's last pay increase n/a
		19. Amount of last pay increase n/a

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) Payroll Account Mgr.	28. Date 4/25/16
29. Please print or type name signed in Item 26. Jaime Moran	30. Phone No. 952-835-1288	

Fannie Mae
Form 1005 July 98

1690.92 8388.53