

## SUNTRUST MORTGAGE VERIFICATION OF SELF EMPLOYMENT

Borrower: \_\_\_\_\_ STM Loan #: \_\_\_\_\_  
Company: \_\_\_\_\_ Co.Address: \_\_\_\_\_  
Co.Phone: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Position: \_\_\_\_\_

### Verification Sources

*Business existence must be independently verified through a disinterested 3rd party and supporting documentation must be attached. Please confirm the type of verification sources included.*

Verification by Third Party of business address, phone and existence

<input type="checkbox"/> <b>Y</b>	<input type="checkbox"/> <b>N</b>	<input type="checkbox"/> Internet Search	<input type="checkbox"/> Google	URL: _____
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Bing	URL: _____
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Business Website	URL: _____
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Government/Union/Professional Association website	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Other:	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Fast Data	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 411/Yellow pages/White pages	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Lexis Nexis	
<input type="checkbox"/>	<input type="checkbox"/>	Regulatory Agency:		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> State Corporation Commissior	State: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medical License Website	Website: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> State Licensing Website	Website: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Depart.of Revenue or Taxatior	State: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> City/County Business License	City/Cty: _____	
<input type="checkbox"/>	<input type="checkbox"/>	CPA (Name):	_____	
<input type="checkbox"/>	<input type="checkbox"/>	CPA License:	_____	
<input type="checkbox"/>	<input type="checkbox"/>	CPA Verification:	<input type="checkbox"/> Written verification	
			<input type="checkbox"/> Verbal verification by:	_____
<input type="checkbox"/>	<input type="checkbox"/>	Business Bank Stmts. confirm regular, consecutive deposits consistent with income level.		
<input type="checkbox"/>	<input type="checkbox"/>	Tax Returns		
<input type="checkbox"/>	<input type="checkbox"/>	K-1s		

Verification Completed by:

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

Typed Name: \_\_\_\_\_  
Date of Verification: \_\_\_\_\_