VERIFICATION OF TERMINATION OF EMPLOYMENT

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of previous employer) Date: _____

_____

_____

_____

RE: _____ _____ _____
Applicant/Tenant Name | Social Security Number | Unit # (if assigned)

I hereby authorize release of my previous employment information.

_____ _____
Signature of Applicant/Tenant | Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

_____
Development Owner/Management Agent

EMAIL, MAIL OR FAX THIS FORM TO:

THIS SECTION TO BE COMPLETED BY PREVIOUS EMPLOYER

Title/Position Held: _____

Date of hire _____ Date of termination _____ Last day actually worked _____

Do you anticipate rehiring this employee? □ Yes □ No If yes, when? _____

Pay rate at time of termination: $ _____ Average hours worked per week: _____

Year to date earnings at time of termination: $ _____

Will the employee receive additional paychecks from Workman's compensation? □ Yes □ No

If yes, please provide the name and address through which is can be verified:

_____

_____

_____

Is employee eligible for unemployment benefits: □ Yes □ No Total severance pay anticipated for the next 12 months: $ _____

Reason for termination: □ Employee quit, □ Termination for cause, □ Lack of work, □ Other

If termination is for lack of work or other, do you anticipate re-hiring employee? □ Yes □ No

_____ _____ _____
Signature | Printed Name | Date

_____ _____ _____
Phone # | Fax # | E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.