

EMPLOYMENT TERMINATION VERIFICATION

The individual named below is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential and used only to determine eligibility. Please complete and return promptly.

DATE: _____

EMPLOYER NAME: _____

EMAIL: _____

PHONE: _____ FAX: _____

DEVELOPMENT NAME: _____

EMAIL: _____

PHONE: _____ FAX: _____

RELEASE STATEMENT FOR APPLICANT/RESIDENT I hereby authorize the above-named management agent to make inquiries regarding release of information for the purpose of determining my eligibility for occupancy.

PRINTED NAME OF EMPLOYEE: _____

SIGNATURE OF EMPLOYEE: _____

The following is to be completed by the employer

Please fill in ALL blanks. Enter N/A if an item is not applicable to the above employee.
(Note: Information provided may require additional documentation)

Employee's Previous Position: _____

Date of Termination	Last Day Worked

Will employee receive any additional paychecks for worker's compensation? Yes No

If yes, please provide the name and address of the company through which this may be verified:

Do you anticipate rehiring this employee? Yes No

If yes, when: _____

AUTHORIZED REPRESENTATIVE:

I certify that the above information is true and correct to the best of my knowledge.

Signature/Title: _____

Date: _____

Printed Name: _____

Direct Phone: _____

Company Name: _____

Email: _____

