EMPLOYMENT TERMINATION VERIFICATION

This section to be completed by Owner/Agent and Applicant/Tenant

The Owner/Agent must mail, fax or email this form directly to the Applicant's/Tenant's employer/previous employer.

EMPLOYER:

Company Name: _____

Address: _____

_____

_____

Email: _____

Fax#: _____

PROPERTY:

Property Name: _____

Address: _____

_____

_____

Email: _____

Fax#: _____

APPLICANT/TENANT (Employee)
Authorization for Release of Information

_____ ☐☐☐☐ _____

Printed Name of Applicant/Tenant | SSN Last Four Digits | Unit # (if assigned)

By my signature, I hereby authorize disclosure of the information requested below in order to determine my eligibility to rent a unit at the property identified above and as required by the funding program/s associated with it.

_____ _____

Signature of Applicant/Tenant | Date

The above named applicant/tenant has applied for or currently resides in rental housing in a community that operates under a state and/or federal housing program that requires verification of employment/termination of employment. The information you provide will remain confidential and will only be used to determine the applicant's/tenant's eligibility to reside at this property.

Employer – please complete the following:

Employee Name: _____ Job Title: _____

Date Hired: _____

Date of Termination: _____ Last Day Worked: _____

Do you anticipate rehiring this employee? ☐ NO ☐ YES > if Yes, when? _____

Is this person eligible for unemployment benefits? ☐ NO ☐ YES > If Yes, when? _____

Will this person receive severance pay? ☐ NO ☐ YES >If Yes, list total severance pay: $_____

Will this person receive additional pay from Worker's Compensation? ☐ NO ☐ YES

If yes, provide the name and address of the company through which the Worker's Comp can be verified:

_____

_____

I hereby certify, by my signature below that the information I have supplied is true and correct:

_____ _____ _____

Printed Name of Verifier | Title of Verifier | Phone Number

_____ _____ _____

Signature of Verifier | Date | Email

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.