

# EMPLOYMENT TERMINATION VERIFICATION

## THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT/TENANT

This Verification is being delivered in connection with the undersigned's eligibility for residency in the following community:

Project Name: \_\_\_\_\_ Unit Number (if assigned): \_\_\_\_\_

Building Address: \_\_\_\_\_

I hereby authorize release of my employment information for \_\_\_\_\_

Name of Employer

\_\_\_\_\_  
Applicant/Tenant Signature

Return Form to:

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

## THIS SECTION TO BE COMPLETED BY EMPLOYER

The above-named individual has applied for residency or is currently residing in housing that requires verification of employment or termination of employment. Please provide the information requested below:

Date of Hire: \_\_\_\_\_ Date of Termination: \_\_\_\_\_ Last day worked: \_\_\_\_\_

Do you anticipate rehiring this employee?  Yes  No If yes, when? \_\_\_\_\_

Will the employee be eligible for Unemployment Benefits?  Yes  No If yes, when? \_\_\_\_\_

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

If YES, provide the name and address of the company through which this can be verified: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Severance Pay anticipated for the next 12 months: \$ \_\_\_\_\_  N/A

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

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

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Organization/Firm: \_\_\_\_\_

**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.**