

# 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.