

TERMINATION OF EMPLOYMENT VERIFICATION

Date _____ To: _____

Re: _____

SS# _____

Dear Sir/Madam:

We are required, directly through the employer, to verify the termination of employment of all applicants for, or tenants in, projects receiving an allocation of Low Income Housing Tax Credit or other programs administrated by Dept. of Housing and Urban Development. We ask your cooperation in supplying this required information that will only be used to determine eligibility of the person named above. In no event should this form be filled out by the employee. Forms should be completed by the timekeeper, bookkeeper, accountant or other authorized representative of your firm/company/agency. If you have any questions, please do not hesitate to contact me at _____.

Sincerely,

Owner/managing agent

I hereby consent to the release of the information requested.

Signature of Applicant/Tenant Date

Employee Name _____ S.S. # _____

Employee Address _____ Date Employed _____

Date of Termination _____ Last Day Employee Actually Worked _____

Will employee receive additional pay for unused vacation or sick leave? Yes _____ No _____
If yes, state amount employee will receive \$ _____

Will employee receive any additional paychecks for workmen's compensation? Yes _____ No _____
If yes please provide address of company through which this may be verified:

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

Additional Comments : _____

Signature of Employer or Authorized Representative Telephone/E-mail

Title/Firm Date