

Employment Termination Verification

«send_date»

Property: «community»

«reference_name»

«reference_address_line1»

«reference_address_line2»

«reference_address_line3»

«reference_city» «reference_state» «reference_zip»

Re: «full_name»

«address_line1»

«address_line2»

«city» «state» «zip»

SS: «ssn»

This person has applied or receives housing assistance under a program of the USDA, Rural Development. This agency requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. Your prompt return of this information is necessary to assure timely processing of the application or continuation of assistance. Please provide the following information and return to us in the self-addressed, stamped envelope provided. A consent to release this information can be found below or attached to this form. Thank you.

«mgmt_company»

Date of Actual Termination	____ / ____ / ____
Do you anticipate rehiring this employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when do you expect the employee to start?	____ / ____ / ____
Will the employee receive Workers Compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the name and address of the company through which this can be verified.	
<div></div>	
<div></div>	
<div></div>	
Reason for Termination	<input type="checkbox"/> Employee Quit <input type="checkbox"/> Other

Signature & Title of Person Supplying Info

«reference_phone»

Phone #

Date

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old which would be authorized by me on a separate consent attached to a copy of this consent. You do not have to sign this form if it is not clear who the requesting organization is or what organization is supplying the information.

(12)

«full_name»

Date

Please Return By: «return_date»

Penalties for misusing this consent: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.