

VERIFICATION OF TERMINATION OF EMPLOYMENT

517-25

This will authorize _____ (name of company) to release information requested below regarding my termination of employment.

Full Name (Please Print or Type)

Social Security Number

Signature

Street Address

Date

City/State/Zip

TO WHOM IT MAY CONCERN: The individual named above is a participant/applicant for housing which has rents that are subsidized through the U.S. Department of Housing and Urban Development's housing assistance program. Federal regulations require that in order for a family to be eligible for this form of assistance, the income of the family, expenses and other information related to eligibility must be verified. The information requested below will be held in strict confidence as is required under the provisions of the Government Data Collection and Dissemination Practices Act, and will be used only to determine the eligibility of the family for the housing subsidy. Thank you for your cooperation in completing those applicable portions of this inquiry and returning it.

Administrative Agent

Manassas Department of Social Services
9324 West Street
Manassas, VA 20110
703-361-8277 ext. 2327
571-921-8806 fax

Position/Title

Date

Employee's Name: _____ SSN# _____ Other # _____

Employee's Address _____

Date Employed: _____ Last Date Employee Actually Worked: _____

Will employee receive additional pay for unused vacation/annual or sick leave? Yes No

If answer to above is yes, state amount employee will receive: \$ _____

Will employee receive any additional paycheck for any workmen's compensation? Yes No

If yes, give the name and mailing address of company through which compensation may be verified:

Company Name (Please Print or Type)

Mailing Address

City/State/Zip

Reason for Termination (Please check one): Employee Quit Terminated for Cause Lack of Work

If terminated for lack of work or other, do you anticipate re-hiring this employee? Yes No

If yes, when? _____

Print Name

Company Name

Signature

Mailing Address

Title

City/State/Zip

Date

Telephone Number

WARNING: 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.