



Verification of Termination of Employment

Please return this information by FAX or MAIL as soon as possible

Employer Name: _____ Tenant/Applicant: _____
Address: _____ Social Security Number: _____
Telephone: _____ Telephone: _____

Dear Sir/Madam:

We are required to verify, through the employer, the termination of employment for all tenants/applicants in our housing programs. Your verification is for the confidential use of this agency and the U.S. Department of Housing and Urban Development (HUD). Please furnish the information requested below and return this form to the Housing Authority at the above address.

I hereby authorize the release of this information.

Tenant/Applicant Signature Date

**** TO BE COMPLETED BY EMPLOYER ****

1) Hire Date: _____ Termination Date: _____

2) Reason for Termination:

Employee Quit Terminated for Cause Lack of work Other

If terminated for lack of work or other, do you anticipate rehiring this employee?

No Yes Anticipated re-hire date _____

3) Year to Date Gross Wages \$ _____

Signature/Title Date

WARNING! TITLE 18, SECTION 1001 OF THE U.S. CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWING AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

Walla Walla Housing Authority | 501 Cayuse Street | Walla Walla Washington 99362 | 509-527-4542 | Fax 509-527-4574

Hearing-impaired, use statewide relay service number 1-800-833-6384 | www.wallawallaha.org | wwha@wallawallaha.org

