



VERIFICATION OF TERMINATED EMPLOYMENT



Send To: _____

Applicant/Tenant: _____ Unit #: _____
Soc. Security #: _____
Property Name: _____
Address: _____

RELEASE: I hereby authorize disclosure of the information requested below.

Signature of Applicant / Tenant Date

Date of Termination: _____ Last Day Actually Worked: _____

Reason for Termination: Employee Quit Other _____

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

Will the employee receive additional paychecks for Workman's Compensation? Yes No

Total severance pay anticipated for the next 12 months: _____

Is employee entitled to receive unemployment compensation? Yes No

AUTHORIZED SIGNATURE OF PERSON SUPPLYING INFORMATION

Print Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____

RETURN TO: _____

****OFFICE USE ONLY****

Date Sent: _____ By: _____

Date Returned: _____

Comments: _____

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.