

EMPLOYMENT TERMINATION VERIFICATION

_____ has named you as a previous employer. The United States Housing Act of 1937, as amended, requires Davis Community Housing Authority to obtain written verification of annual income for the purpose of determining eligibility for families during the tenure of their participation in Davis Community Housing Authority's housing assistance.

Thank you,

_____ Social Security # _____
Client Signature

Date Originally Employed: _____

Date of Termination: _____

Is this previous employee eligible for severance pay or any other benefits, i.e. vacation pay, sick leave pay, etc? _____Yes _____No

If yes, please specify terms and conditions: _____

Company Name

Authorized Signature

Date

Phone Number

Please Print Name

Title

Warning: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.