

## Employment Termination Verification

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

To Whom It May Concern,

I have applied or am currently a resident at the above noted Apartment Community. I am required to disclose and verify my income, income from assets and all other reasonable, anticipated income for the next twelve months. I would appreciate your cooperation in completing the following questionnaire and returning it to the address listed above.

Name: \_\_\_\_\_ SS #: \_\_\_\_\_ dob: \_\_\_\_\_

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### For Employer's Use Only

1. Date of Hire: \_\_\_\_\_

2. Date of Termination: \_\_\_\_\_

3. Last Day Worked: \_\_\_\_\_

4. Do you anticipate rehiring this employee?: \_\_\_\_\_ Yes \_\_\_\_\_ No

5. **If Yes**, anticipated date of rehire: \_\_\_\_\_

6. Will this employee receive additional  
Compensation from Workman's Compensation?: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown

7. **If Yes**, please provide name and address of the company through which this can be verified:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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**Note: If this is a HUD Financed property Individual Consent Authorization (FAM form #H004B) must be attached.**