



VERIFICATION OF TERMINATION OF EMPLOYMENT

Date: _____ MHA Caseworker: _____

Head of Household: _____

Employee's Name: _____ SSN: _____

Employee's Address: _____
City State Zip

I hereby authorize and request the release of any and all information requested by Macon Housing Authority pertaining to my employment records.

Signature of Applicant/Tenant _____ Date _____

*Notice to Employer: The person named above has either applied for or is receiving housing assistance. Federal law requires that we verify, through the Employer, the termination of employment for all applicants and/or tenants in our low-income housing programs. We ask that you please cooperate in supplying **all** information requested **as shown on your records** for the employee named above. **In no event should this form be completed by the employee.***

Sincerely,

**Please return form to: Admissions Office
Macon-Bibb County Housing Authority
PO Box 4928
Macon GA 31208**

Housing Authority Representative

Date Employed: _____ Termination Date: _____ Last date actually worked: _____

Will the employee receive any additional pay for unused annual or sick leave? Yes No

If yes, please provide amount employee will receive: \$ _____

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

If yes, please provide name and address of company through which this can be verified:

Company Name: _____

Address: _____

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? Yes No

If yes, when? _____

Name of Employer: _____

Signature of Authorized Representative: _____ Phone: _____

Print Name of Authorized Representative: _____

Title: _____ Date: _____

WARNING! Title 18, Section 1001 of the United States Code, states a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States government.