



Housing Assistance
2015 Felton Avenue
PO Box 4928
Macon, GA 31208

VERIFICATION OF TERMINATION OF EMPLOYMENT

Section 8
Public Housing

Date: MHA Caseworker or RSC:

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,
Housing Authority Representative

Please return form to: Admissions Office
Macon Housing Authority
PO Box 4928
Macon GA 31208

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:

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.