



VERIFICATION OF TERMINATION OF EMPLOYMENT				☐ Section 8 ☐ Public Housing	
Date:	e: MHA Caseworker or RSC:				
Head of Household:					
Employee's Name:	SSN:				
Employee's Address:		City	State	Zip	
I hereby authorize and request the my employment records.	ne release of any and all info	rmation reques	sted by Macon Housing	g Authority pertaining to	
Signature of Applicant/Tenant		Date			
Notice to Employer: The person requires that we verify, through tincome housing programs. We a records for the employee named Sincerely,	he Employer, the termination ask that you please cooperat	n of employme re in supplying I this form be	nt for all applicants an all information reques completed by the emu	d/or tenants in our low- ted as shown on your ployee. ions Office	
Housing Authority Representative		Macon Housing Authority PO Box 4928 Macon GA 31208			
Date Employed:	Termination Date:		Last date actually wor	ked:	
Will the employee receive any ad If yes, please provide amount em	• •		e? ☐ Yes ☐ No		
		which this can	be verified:		
Reason for termination:	_				
If terminated for 'lack of work' or ' If yes, when?	other', do you anticipate rehi	ring this emplo	yee? Yes No		
Name of Employer:					
Signature of Authorized Repres	sentative:		Phone:		
Title:		Dat	te:		

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.