



**LENOIR HOUSING AUTHORITY**

**REQUEST FROM LENOIR HOUSING AUTHORITY OF EMPLOYMENT TERMINATION**

**DATE:** \_\_\_\_\_

**TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBJECT:** Verification of Information Supplied by an Applicant for Housing Assistance

The undersigned person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner verify all information that is used in determining this person's eligibility or level of benefits.

We ask for your cooperation in providing the following information. Upon completion, either return via mail with the enclosed self-addressed envelope or fax to 828-758-5696 at your earliest convenience. Your prompt return of this information will help to assure the timely processing of the application for assistance.

**RELEASE:**

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_

\_\_\_\_\_  
**APPLICANT'S CONTACT NUMBER**

\_\_\_\_\_  
**APPLICANT'S ADDRESS**

**EMPLOYMENT TERMINATION VERIFICATION**

1. DATE HIRED \_\_\_\_\_
2. DATE TERMINATED \_\_\_\_\_
3. LAST DAY ACTUALLY WORKED \_\_\_\_\_
4. DO YOU ANTICIPATE REHIRING THIS EMPLOYEE? IF YES, WHEN \_\_\_\_\_
5. WILL THIS EMPLOYEE RECEIVE ADDITIONAL PAYCHECKS FROM WORKMAN'S COMPENSATION?  
IF YES, PLEASE PROVIDE THE NAME, ADDRESS & PHONE NUMBER OF THE COMPANY THROUGH  
WHICH THIS CAN BE VERIFIED

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

6. IS THIS EMPLOYEE ELIGIBLE FOR UNEMPLOYMENT BENEFITS? \_\_\_\_\_
7. TOTAL SEVERANCE PAY ANTICIPATED FOR THE NEXT 12 MONTHS: \_\_\_\_\_

\_\_\_\_\_  
NAME OF PERSON PROVIDING INFORMATION

\_\_\_\_\_  
NAME OF FIRM / ORGANIZATION

\_\_\_\_\_  
TITLE OF PERSON PROVIDING INFORMATION

\_\_\_\_\_  
ADDRESS OF FIRM / ORGANIZATION

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
DATE COMPLETED

\_\_\_\_\_  
ADDRESS / PHONE NUMBER