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New Boston
Property Management

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VERIFICATION OF TERMINATION OF EMPLOYMENT DATE

TO: _____

FROM: _____
RETURN THIS VERIFICATION TO THE PERSON LISTED ON THIS LINE

SUBJECT: Verification of Information Supplies by an Applicant of Housing Assistance

NAME: _____

ADDRESS: _____

This 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 to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

INFORMATION BEING REQUESTED

Date of Termination: _____ Last Day Actually Worked: _____

Do you anticipate rehiring this employee? YES NO If YES, when _____

Will the employee receive additional paychecks for Workman's Compensation? YES NO

If YES, provide the name and address of the company through which this can be verified.

Reason for Termination Employee Quit Other

Name & Title of Person Supplying the Information: _____

Firm/Organization: _____

Signature: _____ Date: _____

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTION ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

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 requires 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.

Signature: _____ Date: _____

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

