___LR ___New
___S8 ___Re-exam
___NTA ___Interim
___ Northside Village

BRENHAM HOUSING AUTHORITY
1801 NORTHVIEW CIRCLE DR
BRENHAM, TX 77833
Phone (979) 836-9221 & Fax (979) 830-8701
_____ _@brenhamhousing.org

VERIFICATION OF *TERMINATION* OF EMPLOYMENT

Employer Name, Address, Tel/Fax #:

_____
_____
_____

Phone #: _____
Fax #: _____

Your Name, Address, SS, Tel./Email

_____
_____
_____

Employee SS#_____
Res. Tel._____ Email_____

I have been informed of Community Service. _____

Federal regulations require that we must verify the family's income, expenses and other information related to eligibility. We are required to complete our verification process in a short time period and would appreciate your prompt response. Please free to contact our office if you have any questions. Thank you for your cooperation.

I hereby authorize the employer listed above to release information regarding my employment to the Brenham Housing Authority Housing Office.

_____ _____

Your Signature (Resident/Applicant) Date Reported

TO BE COMPLETED BY AUTHORIZED OFFICIAL

Please completely fill out

Employee's Name_____ SS#_____

Employee's Address_____ Date Employed_____

Date of Termination_____ Last Day Employee Actually Worked _____

Will employee receive additional pay for unused annual or sick leave? ( ) Yes ( ) No

If the answer is yes, state amount employee will receive $_____

Will employee receive any additional pay checks for any workmen's compensation? ( ) Yes ( ) No

If yes, give name and address of company through which this may be verified:

Name of Firm:_____ Address_____

City/State/Zip_____

Reason for Termination: ( ) Employee Quit ( ) Terminated For Cause ( ) Lack of Work ( ) Other

If terminated for lack of work or other, do you anticipate re-hiring this employee? ( ) Yes ( ) No

If yes, when?_____

I certify that the preceding information is true and correct.

_____ _____ _____
Signature of Employer/Authorized Representative **Date** **Telephone**

_____ _____
Printed Name/Title **e-mail address**

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States Government as to any matter within its jurisdiction.

_____ CHECK COMMUNITY SERVICE & GIVE CARD IF NEEDED. _____
Staff Name Date