



# HOUSING AUTHORITY OF THE CITY OF BASTROP

PO Box 707(mailing), 502 Farm Street (physical), Bastrop, TX 78602

PH: 512-321-3398 TTY: 1-800-735-2989 FAX: 512-303-0568

*The Owner does not discriminate against persons with disabilities*

## VERIFICATION OF TERMINATION OF EMPLOYMENT

To

Date: \_\_\_\_\_

RE: \_\_\_\_\_

SSN: \_\_\_\_\_

We are required to verify, through the Employer, the termination of employment for all applicants and participants in the federally assisted housing program operated by the Housing Authority of the City of Bastrop. **In no event should this form be filled out by the employee.** Please complete this form and return it as soon as possible. Thank you for your assistance.

Housing Authority Representative: \_\_\_\_\_

I do hereby authorize the employer to release all information related to my employment.

Signature: \_\_\_\_\_

WARNING: 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 the 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 \$5000.00. Any applicant or participant affected by negligent disclosure or 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), U.S.C. 408 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

### To be completed by employer:

Employees Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Employees Address: \_\_\_\_\_ Date employment began: \_\_\_\_\_

Date employment terminated: \_\_\_\_\_ Last day employee worked: \_\_\_\_\_

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

If yes, amount employee will receive: \$ \_\_\_\_\_

Will employee receive any additional paychecks?  Yes  No

If yes, amount employee will receive: \$ \_\_\_\_\_

Will employee receive worker's compensation?  Yes  No

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

Name of Firm: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Indicate how much gross income employee has earned in the last 12 months: \_\_\_\_\_

Please indicate 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? \_\_\_\_\_

Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

### If mailing address is missing or different than above, please provide:

Business Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_