

# TERMINATION OF EMPLOYMENT VERIFICATION

This individual 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 individual's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the company or individual listed at the end of this verification. Your prompt return of this information will help to ensure timely processing of the application for assistance.

Property Requesting Verification **Vermillion Housing Authority**

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

*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 that 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.*

Printed Name of Applicant/Tenant \_\_\_\_\_ Social Security Number \_\_\_\_\_

Signature of Applicant/Tenant \_\_\_\_\_ Date \_\_\_\_\_

*(You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.)*

## THIS SECTION TO BE COMPLETED BY EMPLOYER

The applicant/tenant listed above has stated that he/she is no longer employed by your firm. Authorization has been given to furnish information regarding his/her employment. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for housing assistance.

Date of Hire \_\_\_\_\_ Date of Termination \_\_\_\_\_ Last Day Worked \_\_\_\_\_

Reason for Termination: \_\_\_\_\_ Employee Quit \_\_\_\_\_ Other \_\_\_\_\_

Do you anticipate rehiring this individual?  Yes  No If yes, when \_\_\_\_\_

Will this individual receive severance pay?  Yes  No If yes, how much and when \_\_\_\_\_

Will this individual receive Workman's Compensation?  Yes  No If yes, name and address of company through which this can be verified. \_\_\_\_\_

Is this individual eligible for unemployment benefits?  Yes  No

*I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.*

Printed Name of Employer or Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_

Signature of Employer or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

Firm/Organization \_\_\_\_\_ Phone Number \_\_\_\_\_

Please return this completed verification form to:

**Vermillion Housing Authority**  
**25 Center St.**  
**Vermillion, SD 57069**

**Or Fax 605-677-7192**

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*PENALTIES FOR MISUSING THIS CONSENT:*

*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 uses 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 42 USC 208(f)(g) and (h). Violations of these provisions are cited as violations of 42 USC 408 (f)(g) and (h).*

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