

# Somersworth Housing Authority

Central Office: 25 Bartlett Ave, Suite A, Somersworth, N.H. 03878  
Phone (603)692-2864 / Fax (603)692-2877 / TDD (800)545-1833 x113

## VERIFICATION OF TERMINATION OF EMPLOYMENT

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

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

**Company/Employer's Name**

\_\_\_\_\_  
**Company/Employer's Address**

## SUBJECT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

*This person has applied for, or is recertifying for, housing assistance program of the US 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.*

*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 household member has consented to this release of information as shown on the reverse side.*

## INFORMATION REQUESTED

1. Date of Termination: \_\_\_\_\_ Last day actually worked: \_\_\_\_\_
2. Do you anticipate rehiring this employee?  Yes  No
3. Will the employee receive additional paychecks for Workman's Compensation?  
 Yes  No
4. If YES to question 3, provide the name and address of the company through which this can be verified:

5. Reason for Termination:  Employee Quit  Other

\_\_\_\_\_  
Name and Title of person supplying information

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**HOUSEHOLD MEMBER RELEASE**

**You do not have to sign this form if either the requesting 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 not 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.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**PENALTIES FOR MISUSING THIS CONSENT FORM:**

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, the SHA and any owner (or any employee of HUD, the SHA 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 purposes cited above. Any person, who knowingly or willfully requests, obtains or disclosed 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, the SHA or the owner responsible for the unauthorized disclosure or improper use.