

Housing Authority of the City of Orange

516 Burton Avenue P.O. Box 3107 Orange, TX 77631-3107 | Phone: 409.883.5882 | Fax: 409.883.8014 | www.orangeha.com

TERMINATION OF EMPLOYMENT VERIFICATION FORM

EMPLOYER

EMPLOYEE

ADDRESS

SOCIAL SECURITY NO.

PHONE NUMBER

The Housing Authority is legally required to verify the income of families who apply for assistance. The above named person gave your name as an employer. Your cooperation in supplying information relative to his/her employment and income herein requested will be greatly appreciated. Information in this report will be held in confidence.

Sincerely,

OHA Official

Date

I HEREBY AUTHORIZE YOU TO FURNISH ALL THE INFORMATION REQUESTED BELOW:

EMPLOYEE

DATE

Date of Termination _____ Last Day Employee Actually Worked _____

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

If answer to above is yes, state amount employee will receive. \$ _____

Will employee receive any additional paychecks for any workman's compensation? Yes No

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

Name of Firm

Street Address

City/State/Zip

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

If yes, when? _____

Signature of Authorized Representative: _____ Phone: _____

Title: _____

Date: _____