HOUSING AUTHORITY
of the City of Orange, Texas

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: _____

516 Burton Ave. * Orange, TX 77630 * (409) 951-7280 * (409) 951-7297 fax * www.orangeha.com

A FAIR HOUSING AND EQUAL EMPLOYMENT OPPORT UNITY AGENCY

The Housing Authority offers accommodations for persons accessing its facilities, as required by the Americans with Disabilities Act. If you require special accommodations, please contact the Housing Authority office for assistance. Hearing impaired may contact Relay Texas at 1-800-735-2989 or 7-1-1.