

TERMINATION OF EMPLOYMENT VERIFICATION

TO: _____

DATE: _____

RE: _____ Applicant/Tenant Name _____ Social Security Number _____ Unit # (if assigned)

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

 Project Owner/Management Agent

Return Form To:

Woodstone Village Apartments
 P. O. Box 586
 Big Stone Gap, VA 24219
 Phone: (276) 523-4788 Ext 100
 Fax: (276) 523-5141

TO BE COMPLETED BY APPLICANT

I hereby authorize the above named management agent to make inquiries regarding my income for the purpose of determining my eligibility for occupancy. The applicant or tenant may not sign the consent if the form does not clearly indicate who will provide the requested information and who will receive the information. This consent form is valid for 15 months from the date it is signed.

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 **208 (a) (6), (7) and (8). ** Violations of these provisions are cited as violations of 42 USC **408 (a), (6), (7) and (8).**

Signed _____ Date _____

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Date of Hire: _____ Date of Termination: _____

Total Gross Earnings: \$ _____

Do you anticipate rehiring this employee? Yes No If yes, when? _____

Will the employee receive additional paychecks? Yes No If yes, Gross Amount: \$ _____

Additional remarks: _____

 Employer's Signature Employer's Printed Name Date

 Employer [Company] Name and Address

 Phone # Fax # E-mail