

Montgomery County Housing Authority  
**VERIFICATION OF TERMINATION OF EMPLOYMENT**

Applicant/Tenant Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ SS # \_\_\_\_\_

The person named above is an/a applicant/tenant for Housing Choice Voucher Program. HUD eligibility regulations require a verification of income and other information related to applicant/tenant eligibility. The applicant/tenant has authorized the release of the requested information by signing below. The information you provide will remain confidential and will only be used to determine program eligibility and portion of rent. **The employee cannot complete this form. This form must be completed by the owner, manager or other human resources personnel authorized to give such information.**

Thank you,

Montgomery County Housing Authority  
Tel: 936-539-4984 / Fax: 936-539-4758

PHA USE ONLY: Phone Verification Date: _____ Initials: _____
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I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
Tenant Employer

To release the requested information below regarding my employment and compensation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**To Be Completed by Employer:**

Employee Name: \_\_\_\_\_ SS# on file: \_\_\_\_\_

Employee Address: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Terminated: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_ Average # of hours per week: \_\_\_\_\_

Last date employee worked: \_\_\_\_\_

Will employee receive additional compensation for unused vacation or sick leave? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much will they receive? \$ \_\_\_\_\_

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

If yes, please provide company name, address and telephone number to contact for further information: \_\_\_\_\_

Reason for termination? Employee quit \_\_\_\_\_ Terminated for cause \_\_\_\_\_ Lack of Work \_\_\_\_\_ Other \_\_\_\_\_

If terminated for lack of work, do you anticipate rehiring this employee? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give a reasonable expected date of return \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Authorized Representative Completing This Form \_\_\_\_\_ Title \_\_\_\_\_

Tel: \_\_\_\_\_ Date \_\_\_\_\_

Additional Comments: \_\_\_\_\_