

1001 S. Orchard Street  
Boise, Idaho 83705

## TERMINATION OF EMPLOYMENT

Phone (208) 345-4907  
Fax (208) 345-4909  
www.bcacha.org

EMPLOYER: \_\_\_\_\_

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

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

Last 4 SS#: XXX-XX- \_\_\_\_\_

CITY, STATE ZIP: \_\_\_\_\_

### RELEASE:

I hereby authorize the above named Employer to release information as requested below, pertaining to my income. I understand that the information provided to the Housing Authority will be held in strict confidence, and solely in accordance with applicable law and housing regulations.

Employee Signature: \_\_\_\_\_

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

The above listed employee has applied for, or is receiving, assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires verification of income in determining eligibility or level of assistance.

We ask your cooperation in providing the following information and return it by faxing it to our office at (208) 345-4909. Your prompt return of this information will help to assure timely processing of assistance. The applicant/tenant has consented to this release of information as shown below.

### INFORMATION BEING REQUESTED:

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ Date of Termination \_\_\_\_\_

Type of Termination:  Layoff  Quit  Fired  Other

Please explain: \_\_\_\_\_

Date final check released: \_\_\_\_\_

Will employee be eligible for unemployment benefits?  Yes  No

Completed by: \_\_\_\_\_

Name - Please print or type

Signature and Title

Phone Number

Date