



DEANNA L. WATSON
EXECUTIVE DIRECTOR

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



BARRIER
FREE