

**LOUDOUN COUNTY DEPARTMENT OF FAMILY SERVICES
HOUSING CHOICE VOUCHER DIVISION
102 HERITAGE WAY, NE, SUITE 103
LEESBURG, VA 20176
703-777-0353
703-737-8895 FAX**



VERIFICATION OF TERMINATION OF EMPLOYMENT

This will authorize _____ (name of agency) to release the information requested below regarding my unemployment compensation.

Full Name (Please Print or Type)

Social Security Number

Signature

Street Address

Date

City State Zip

TO WHOM IT MAY CONCERN:

The individual named above is a resident/applicant for housing which has rents that are subsidized through the U.S. Department of Housing and Urban Development's Housing Choice Voucher Assistance Payment Program. Federal regulations require that in order for a family to be eligible for this form of assistance, the income of the family, expenses, and other information related to eligibility must be verified. The information requested below will be held in strict confidence as is required under the provisions of the Virginia Privacy Protection Act, and will be used only to determine the eligibility of the family for the housing subsidy. Thank you for your cooperation in completing those applicable portions of this inquiry and returning it in the enclosed, self-addressed envelope.

Meg Asaro, Housing Counselor
Ursula Brinkley, Housing Counselor
Christine Hillock, Housing Counselor
Tandi Hoffmann, Housing Counselor
Yasmina Turner, Bilingual Housing Counselor
Cyndy Wyrick, Housing Counselor

Date

Employee's Name _____ SS# _____ Other _____

Employee's Address: _____ Date Employed: _____

Date of Termination: _____ Last Date Employee Actually Worked _____

Will employee receive additional pay for unused annual or sick leave? Yes No (circle one)

If answer to above is yes, state amount employee will receive \$ _____

Will employee receive any additional pay checks for any workman's compensation? Yes No (circle one)

If yes, give the name and address of company through which this may be verified:

Name Address City, State Zip

Reason for Termination: Employee Quit Terminated for Cause Terminated without Cause Lack of Work Other
If yes, when? _____

Print Name

Telephone Number

Signature Date

Title

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.