

Opelika Housing Authority
P. O. Box 786
Opelika, Alabama 36801
(334) 745-2250
Please Fax to (334) 745-6783

JOB TERMINATION VERIFICATION

Date: _____ Address: _____

Name: _____

Soc. Sec. No.: _____

To Whom It May Concern:

The above named person is currently renting through our Public Housing Program. They have reported to us that your company no longer employs them. To make necessary changes we must have written verification of this information. Your prompt reply to the information requested below will be greatly appreciated. All information is kept confidential. Thanks for your cooperation in this matter.

Sincerely,

I authorize the release of this information to the O.H.A.

Housing Authority Representative

Resident

1. Last date employee worked: _____

2. Was employee terminated, laid off, or voluntarily quit?

(a) If laid-off, Permanent or temporary? _____

(b) If temporary, how long do you expect lay off to last? _____

3. Date employee received last check _____

Additional remarks: _____

Firm Name: _____

Signed: _____

Phone: _____

Date: _____