

FAYETTEVILLE METROPOLITAN HOUSING AUTHORITY
1000 RAMSEY STREET
POST OFFICE DRAWER 2349
FAYETTEVILLE NC 28302-2349
PHONE: 910-483-3648 FAX: 910-483-3426

INTERRUPTION/TERMINATION OF EMPLOYMENT VERIFICATION

TO:
EMPLOYEE:
SOCIAL SECURITY (LAST 4):

Our office is required by Federal law to verify income of all members of families applying for admission to our Housing Assistance Payments Program, and to re-examine, once each year, the income of our families.

The above named individual has reported that his/her employment status with your company has changed. We are legally required to verify such report to determine rent and eligibility for continued occupancy in low-rent assisted housing.

We will appreciate your completing this form and returning it to this office of the person named above. Thank you for your cooperation.

Sincerely,

Re-examination Specialist

I hereby authorize and request that my employer, _____,
provide the information requested below in order that rent and/or continued occupancy may be determined.

SIGNED: _____ DATE: _____

TITLE OF POSITION HELD: _____

RATE OF PAY: _____ Hourly ___ Weekly ___ Monthly ___ Annually ___

EMPLOYMENT DATES: FROM _____ TO _____

REASON FOR EMPLOYMENT INTERRUPTION/TERMINATION

<input type="checkbox"/> SICK LEAVE	<input type="checkbox"/> LAY OFF/TEMPORARY
<input type="checkbox"/> MATERNITY LEAVE	<input type="checkbox"/> LAY OFF/PERMANENT
<input type="checkbox"/> QUIT	<input type="checkbox"/> FIRED
<input type="checkbox"/> WITH PAY	<input type="checkbox"/> WITHOUT PAY

ESTIMATED RETURN TO WORK DATE: _____

VERIFIED BY: _____ DATE: _____

TITLE: _____ TELEPHONE #: _____

SERVING CUMBERLAND COUNTY FOR OVER SEVENTY YEARS