



Caribou Housing Agency
Housing Choice Voucher Program

Municipal Building
25 High Street
Caribou, ME 04736
Telephone (207) 493-4234
Fax (207) 376-0178
www.cariboumaine.org

VERIFICATION OF TERMINATION OF EMPLOYMENT

Employer: _____

Dear Sir/Madam:

As a managing agent, we are required to verify information of all families applying for admission in to subsidized housing, and to periodically re-examine this information. To comply with requirements, we must ask your cooperation in supplying the following person(s) names above. This information will be held in strict confidence, for use only in determining the eligibility status of the family. Your prompt return of this letter will be greatly appreciated. Thank you very much.

Caribou Housing Agency

I hereby authorize to release the information requested directly to the Housing Agency

Signature: _____

Date: _____

Hire Date: _____ Date of Termination: _____ Last Date Worked: _____

Will employee receive additional pay for unused annual or sick leave? No Yes

Amount: \$ _____

Will employee receive any additional pay checks for any worker's compensation? No Yes

Name of Firm _____

Street Address _____ City/State/Zip _____

Reason for Termination: Employee Quit Terminated for Cause Lack of Work

Other _____

If terminated for lack of work or other, do you anticipate re-hiring this employee? No Yes

Date: _____

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

Signature _____ Company Name: _____

Printed Name: _____ Address: _____

Title: _____ Date: _____