

EMPLOYMENT TERMINATION VERIFICATION

ALL DOCUMENTS SHOULD COME DIRECTLY TO THE GRAND RAPIDS HOUSING COMMISSION FROM THE PROVIDER BY FAX OR MAIL.

Date: _____

Name: _____

Social Security #: _____

Dear Employer:

The above named person has reported that his/her employment with you has terminated. We are legally required to verify such report to determine rent and eligibility for continued rent subsidy.

We appreciate your completing this form and returning to the Grand Rapids Housing Commission at 1420 Fuller Ave., SE, Grand Rapids, MI 49507. Thank you for your interest and cooperation.

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Grand Rapids Housing Commission

1) Title of position held: _____

2) How long employed: From _____ to _____

3) Rate of pay: \$ _____ Hourly _____ Weekly _____ Monthly _____ Other _____

4) Number of hours worked per week _____

5) Total earnings past 12 months _____

6) Reason for leaving: ___ Quit/reason _____; ___ Left for another job;
___ Terminated/reason _____; ___ Lay off

Date: _____ Company: _____ Phone: _____

By: _____ Title: _____

**PLEASE RETURN BY FAX
OR MAIL TO:**

**GRAND RAPIDS HOUSING COMMISSION
1420 FULLER AVE SE, GRAND RAPIDS, MI 49507
FAX: (616)235-2660**

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*U: 324+