

Staunton Redevelopment & Housing Authority

900 Elizabeth Miller Gardens
Staunton, VA 24401
Phone: (540)886-3413 Fax: (540)885-5414

TERMINATION OF EMPLOYMENT VERIFICATION

To: (Employer/Business name and address)

From: Audra Hutchens, Multifamily Manager

Email: audra@stauntonrha.org

Name: _____

Address: _____

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date

TO WHOM IT MAY CONCERN: This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD) and or the Internal Revenue Service. HUD and/or IRS requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. The information requested below will be held in strict confidence as is required under the provisions of the Virginia Privacy Protection Act, and will used only to determine this person's eligibility or level of benefits.

Thank you for your cooperation in completing and returning this verification to the community listed above via fax, e-mail, or provided self-addressed, stamped return envelope.

SRHA Administrative Agent

Date



