

PUBLIC HOUSING AGENCY

SAINT PAUL

555 North Wabasha Street, Suite 300
Saint Paul, Minnesota
651-298-5158 • Fax 651-292-7917
Hearing Impaired-Minnesota Relay: 711

Employers Name/Address

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. .

Resident/Applicant Name

Address

Section 8 Worker Name

Termination of Employment Verification

The person identified above is an applicant for, or a resident of, a federally assisted rental program administered by the Public Housing Agency (PHA). We are required to verify the income of all residents/applicants for admission to, or continuance in, the Rental Assistance Program. Please supply the information requested below as soon as possible.

I authorize the company identified above to provide to the PHA information concerning my employment and wages, as specified on this form. This information will only be used to determine my eligibility for admission to, or continuance in The Rental Assistance Program. I understand that this information will be kept confidential.

Resident/Applicant Signature: _____ Date _____

Name of Employee: _____ SS# _____

Address of Employee: _____

Original Date of Hire: _____ Re-hired: _____

TERMINATION DATE: _____ **Employee's Title/Occupation** _____

COMPLETED BY _____ **TITLE** _____ **DATE** _____

EMPLOYER'S PHONE # _____ **FAX #** _____

RETURN TO: PHA Rental Office, 555 N Wabasha St N, Suite #300, St Paul MN 55102

S8-43 Termination of Employment