



310 N. Sixth Street  
DeKalb, IL 60115  
Phone: 815-758-2692  
Fax: 815-758-4190  
www.dekcohousing.com

## Verification of Employment Termination

PLEASE READ CAREFULLY

I, \_\_\_\_\_, authorize the employer listed below to furnish the information requested to the  
(Printed name)  
Housing Authority of the County of DeKalb for support in housing program participation as required by HUD Regulations.

Date

Signature

Soc. Sec. Number

Employer Name

Employer Phone/Fax

Employer Street Address

Employer Email

Employer City, State, Zip

This Section to be completed by Employer

Employee's Name \_\_\_\_\_ SSN: \_\_\_\_\_

Employee's Address \_\_\_\_\_

Date Employed \_\_\_\_\_ Date of Termination \_\_\_\_\_

Last Day Employee Actually Worked \_\_\_\_\_ YTD Earnings \_\_\_\_\_

**Additional Pay:** Will employee receive additional pay (i.e., unused vacation or sick leave)? ☐ Yes ☐ No  
If yes, state amount employee will receive: \$ \_\_\_\_\_

**Workmen's Compensation:** Will employee receive any additional pay? ☐ Yes ☐ No  
If yes, please provide contact information through which this may be verified:  
Compensation Contact: \_\_\_\_\_

**Reason for Termination:** ☐ Employee Quit ☐ Terminated for Cause ☐ Lack of Work ☐ Other  
If terminated for lack of work, will employee be rehired? ☐ Yes ☐ No  
If, Yes When: \_\_\_\_\_

### Authorized Representative

Name & Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### Office Use:

☐ **Chelsea Bemis**  
HCV Administrator  
815-758-2692 x. 125  
[cbemis@dekcohousing.com](mailto:cbemis@dekcohousing.com)

☐ **Jess Saltz [A-J & EHV]**  
HCV Case Manager  
815-758-2692 x. 126  
[jsaltz@dekcohousing.com](mailto:jsaltz@dekcohousing.com)

☐ **Lexy Moreland [K-Z & VASH]**  
HCV Case Manager  
815-758-2692 x. 127  
[amoreland@dekcohousing.com](mailto:amoreland@dekcohousing.com)

☐ **Katy Kingren**  
Rent Specialist & Portability  
815-758-2692 x. 130  
[kkingren@dekcohousing.com](mailto:kkingren@dekcohousing.com)

☐ **Susan Capps [PH-SPC]**  
PH & SPC Case Manager  
815-758-2692 x. 131  
[scapps@dekcohousing.com](mailto:scapps@dekcohousing.com)

☐ **Diana Carr**  
Admissions Manager  
815-758-2692 x. 129  
[dcarr@dekcohousing.com](mailto:dcarr@dekcohousing.com)

☐ **Jackie Hewitt**  
Admissions Assistant  
815-758-2692 x. 128  
[jhewitt@dekcohousing.com](mailto:jhewitt@dekcohousing.com)

Attempt #1 \_\_\_\_\_

Attempt #2 \_\_\_\_\_

Attempt #3 \_\_\_\_\_