

PREVIOUS EMPLOYMENT VERIFICATION

TO: _____

TEL. #: _____

DATE: _____ APT. #: _____
DEVELOPMENT NAME: Port Terrace Apartments
APPLICANT/RESIDENT: _____

FROM: Port Terrace Apartments
1587 W. Port View Drive.
Port Washington, WI 53074
TEL.#: 262-284-4477
FAX.#: 262-284-4476

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

Applicant/Resident Signature _____

Social Security Number _____

TO BE COMPLETED BY THE FORMER EMPLOYER:

(Please answer all questions. If a question does not apply, please enter N/A)

- | | |
|---|--|
| 1. Date of Hire _____ | 2. Date of Termination _____ |
| 3. Last day actually worked _____ | 4. Do you anticipate rehiring this employee? YES NO |
| 5. Will the ex-employee receive additional paychecks for Workman's Compensation?
If yes, please provide the name and address of the company through which this can be verified.
_____ | YES NO |
| 6. Is ex-employee eligible for unemployment benefits? | YES NO |
| 7. Is ex-employee eligible for pension benefits? | YES NO |
| 8. Total Severance Pay Anticipated for the next 12 months: _____ | |

COMMENTS: _____

Signature of Person Verifying Information: _____ Telephone Number: _____

Title: _____ Date: _____

FORM # 20

OFFICE USE ONLY:



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

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