



Scottsdale Housing Agency
 Paiute Neighborhood Center
 6535 E. Osborn Rd., Bldg. 8
 Scottsdale, AZ 85251-6029

PHONE 480-312-7717
 FAX 480-312-7761
 TDD 480-312-7411
 WEB www.scottsdaleaz.gov/assistance/housing/voucher

EMPLOYMENT TERMINATION

Name of Employer: _____ Head of Household Last Name _____
 Address: _____
 City/State/Zip: _____ Applicant/Resident Name (PRINT) _____
 Phone Number: _____ Social Security Number _____
 Fax Number: _____

The individual named above is an applicant/resident for housing assistance, which is subsidized through the U.S. Department of Housing and Urban Development. Federal regulations require that in order for the household to be eligible, we must verify the household's income, expenses and other information using third party written verifications. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be held in strict confidence. **We are required to complete our verification process in a short time period, and would appreciate your prompt response.** You may fax your response to our office at (480) 312-7761. If you have any questions, please feel free to contact our office at (480) 312-7717.

I, the undersigned, do hereby authorize the release of any and all information requested to Scottsdale Housing Agency.

 Applicant/Resident Signature

 Date

TENANT COMPLETE TOP PORTION ONLY

TO BE COMPLETED BY THE EMPLOYER ONLY -- PLEASE RETURN -- DO NOT DETACH

Date of Employment: _____ Date of Termination: _____

Last date worked: _____ Occupation: _____

Rate of Pay at Termination: \$ _____

COMMENTS: _____

 Print Name

 Signature

 Date

 Title

 Phone

