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PREVIOUS EMPLOYMENT VERIFICATION

TO: _____

DATE: _____ APT. #: _____

DEVELOPMENT NAME: _____

APPLICANT/RESIDENT: _____

FROM: _____

TEL. #: _____

FAX: _____

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? YES NO
 If yes, please provide the name and address of the company through which this can be verified.

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

OFFICE USE ONLY:

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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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