



VERIFICATION OF TERMINATION OF EMPLOYMENT

DATE: 9/13/2019 [] Mail [] Fax
DATE: [] 2nd ATTEMPT [] Mail [] Fax

THIS SECTION IS TO BE COMPLETED BY MANAGEMENT & EXECUTED BY APPLICANT/RESIDENT

TO: cmc FROM: Eastridge Estates
2009 17th Street SE
Rochester, MN 55904
PHONE FAX
EMAIL ADDRESS kelsey@corpmgmtgroup.com EMAIL ADDRESS eastridge@sageapmtgmt.com
RE: (APPLICANT/RESIDENT NAME) Fadumo Vasin UNIT 06-12C SOCIAL SECURITY NO. 891-89-0045

The individual named directly above is an applicant/resident of has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. The information provided will remain confidential and used only to determine the eligibility status and level of benefit available to the applicant/resident.

We ask your cooperation in supplying this information to the below referenced Management. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

NOTE TO APPLICANT/TENANT: YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.
RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Fadumo Vasin Signature Date 9-10-19
Applicant/Resident Printed Name Signature Date

THIS SECTION IS TO BE COMPLETED BY 3rd PARTY SOURCE/AUTHORIZED REPRESENTATIVE

Date of Hire 2/20/2019
Date of Termination 9/20/2019
Last Day Actually Worked 9/14/2019
Last Salary Received \$10.00 pr hr [] YTD [] Pay Period [] Other
Do you anticipate re-hiring this employee? [] Yes [x] No
If YES, when
Reason for Termination Quit Voluntary Does not qualify for FMLA
Full time work available
Will employee receive severance pay? [] Yes [x] No Amount \$
Will the employee receive additional paychecks for worker's compensation? [] Yes [x] No

If YES, provide the name and address of the company through which this can be verified.

I certify that the above information is true and correct,

Signature of 3rd Party Source/Authorized Representative Diana Elton Representative's Title Admin Assistant Date 10/1/2019

Authorized Representative's Printed Name Diana Elton Phone # 507-922-4955 Fax # Email cmc@rochestercorpmgmtgroup.com

Source (Company) Name and Address 7480 Flying Cloud Dr. Suite 200 Eden Prairie

55344

