



Termination of Employment Verification

Torre De San Miguel

58 Wood St.

St. Paul, MN 56107

Ph: 651.224.5839 Fax: 651.224.0543

6.14.17

Supplying Agency:

Corporate Manager Group

Phone: 651 666-3083

Fax: 612 395-5574

Applicant/Tenant:

Shanell Cornelious

XXX-XX-469 21 5429

Shanell

: YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS NOT COMPLETED. PERMISSION FOR RELEASE OF INFORMATION: Information obtained under this consent is limited to information 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.

I/We authorize the release of the information requested:

Shanell Cornelious 6/14/17

Applicant/Resident #1 Signature

Date

Applicant/Resident #2 Signature

Date

Time is of the essence and we thank you for your cooperation. All information is confidential. We ask that each question is answered and if not applicable an "N/A" is provided. Management is required to follow-up with a phone clarification for all questions without complete answers. Please return this form to the requesting agency / management agent provided above.

1. Date of Employment Start: / /

2. Date of Termination: / /

3. Last Day Worked: / /

4. Will the former employee receive additional severance pay or pay for un-used vacation sick leave? Yes No

a. If yes, please provide:

i. Type: Severance Pay Un-used vacation Un-used sick leave

ii. Amount: \$ / per

iii. Date/Frequency: / / Ongoing frequency Per / OR One-time payment

5. Please provide the reason for termination: (choose one)

Employee quit For cause Lack of work* Other*

a. If terminated for Lack of work OR Other, do you anticipate re-hiring this employee? Yes No

b. If yes, please provide the date in which you anticipate the employee returning to work: / /

Prepared By:

Print Name: Telephone: Fax:

Title: Signature: Date:

CBC#304 - Rev 2/2015

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosure or improper use of information collected based on this verification form is restricted to the purpose cited above. Any person who knowingly or willingly requests, obtains or discloses any information under this agreement concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalties provisions for misusing the social security number are contained in the Social Security Act at 208(a) (5), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (5), (7) and (8). CommonBond Communities does not discriminate on the basis of handicapped status in the admission or access to, or treatment, or employment by, its federally assisted programs and activities.