

EASTRIDGE ESTATES
2009 17th Street SE Rochester MN 55904
P.)507.285.0022
F.)507.285.0304
E.)Eastridge@sageaptmgt.com

Fax

Date: Nov 28, 2018

TO: CMG / Reichels

FAX NUMBER: F 289-6552

DATE:

TOTAL NUMBER OF PAGES:

Regarding: A verification form for your client/employee

This person has applied for or receives housing with Eastridge Estates. In accordance with HUD regulations, we must obtain complete and accurate information on our applicants and current residents.

As we are subjected to audits, we ask that you complete the attached verification form as completely as possible, leaving no blanks. If the information is not available or not applicable, please mark the area N/A or none. To make any changes, please do not use white out. Simply put a line through the incorrect information, write the new information, and place your initials next to the changes you have made.

This is a government required document.

Please fill out and return within 5 days.

Thank you for your assistance.

- Urgent
- Please review
- Please comment
- For your records



VERIFICATION OF TERMINATION OF EMPLOYMENT

DATE: _____ Mail Fax
DATE: _____ 2nd ATTEMPT Mail Fax

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

TO: Reichel Foods/CMG FROM: Eastridge Estates
2009 17th Street SE
Rochester, MN 55904
FAX 507.285.0304
EMAIL ADDRESS eastridge@sageapmtgmt.com
RE: (APPLICANT/RESIDENT NAME) Hoda Nuh UNIT 06-114 SOCIAL SECURITY NO. 689-26-8774

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.

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.

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.

Hoda Nuh Applicant/Resident Printed Name
Hoda Nuh Signature
11-28-18 Date

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

Date of Hire 7-18-18
Date of Termination 11-21-18
Last Day Actually Worked 11-20-18
Last Salary Received \$7,022.25 [checked] YTD [] Pay Period [] Other
Do you anticipate re-hiring this employee? [] Yes [checked] No

If, YES, when _____
Reason for Termination Quit-Voluntary FT. work Available

Will employee receive severance pay? [] Yes [checked] No Amount \$ N/A
Will the employee receive additional paychecks for worker's compensation? [] Yes [checked] 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.

Diana Elton Signature of 3rd Party Source/Authorized Representative
Administrative Assistant Representative's Title
11-29-18 Date
Diana Elton Authorized Representative's Printed Name
507-923-4955 Phone #
N/A Fax #
cm6@compmgmtgroup.com Email
Employee Service Staffing Group Source (Company) Name and Address
4780 Flying Cloud Dr
eden Prairie MN 55344