



310 N. Sixth Street  
DeKalb, IL 60115  
Phone: 815-758-2692  
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www.dekcohousing.com

# Verification of LAYOFF of Employment

PLEASE READ CAREFULLY

I, \_\_\_\_\_, authorize the employer listed below to provide the information requested to the Housing Authority of the County of DeKalb for support in housing program participation as required by HUD Regulations.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Soc. Sec. Number

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Employer Phone/Fax

\_\_\_\_\_  
Employer Street Address

\_\_\_\_\_  
Employer Email

\_\_\_\_\_  
Employer City, State, Zip

This Section to be completed by Employer

Employee's Name \_\_\_\_\_ SSN: \_\_\_\_\_

Employee's Address \_\_\_\_\_

Date Employed \_\_\_\_\_ Date of Layoff \_\_\_\_\_

Last Day Employee Actually Worked \_\_\_\_\_ YTD Earnings \_\_\_\_\_

**Additional Pay:**  
Will employee receive additional pay (i.e., unused vacation or sick leave)?  Yes  No  
If yes, state amount employee will receive: \$ \_\_\_\_\_

Will employee receive any additional pay checks?  Yes  No  
If yes, state amount employee will receive: \$ \_\_\_\_\_

**Reason for Layoff:**  Seasonal Employment  Lack of Work  Other  
If Laid off for lack of work or seasonal employment, will employee be rehired?  Yes  No  
If, Yes When: \_\_\_\_\_

**Authorized Representative**

Name & Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

**Office Use:**

**Tiffany Owens [A-L]**  
HCV Case Manager  
815-758-2692 x. 126  
[towens@dekcohousing.com](mailto:towens@dekcohousing.com)

**Susan Capps [PH-SPC]**  
PH & SPC Case Manager  
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**Kim Rodr [M-Z & VASH]**  
HCV Case Manager  
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[krodr@dekcohousing.com](mailto:krodr@dekcohousing.com)

**Jennifer Yochem**  
Admissions Manager  
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[jyochem@dekcohousing.com](mailto:jyochem@dekcohousing.com)

**Angel Mason**  
Recert Specialist & Portability  
815-758-2692 x. 133  
[amason@dekcohousing.com](mailto:amason@dekcohousing.com)

**Diana Carr**  
Admissions Assistant  
815-758-2692 x. 128  
[dcarr@dekcohousing.com](mailto:dcarr@dekcohousing.com)

Attempt #1 \_\_\_\_\_

Attempt #2 \_\_\_\_\_

Attempt #3 \_\_\_\_\_

Note: \_\_\_\_\_