UNEMPLOYMENT COMPENSATION VERIFICATION

TO: (Name & address)

_____

_____

_____

RE: _____ _____ _____
Applicant/Tenant Name | Social Security Number | Unit # (if assigned)

I hereby authorize release of the requested information.

_____ _____
Signature of Applicant/Tenant | Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

_____
Project Owner/Management Agent

MAIL OR FAX THIS FORM TO:

THIS SECTION TO BE COMPLETED BY INSURANCE PROVIDER

Gross weekly payment: $_____

Date of Initial Payment: _____ Ending Date, if known _____

Is the client entitled to an extension of benefits? Yes _____ No _____

If yes, for how long? _____

If no, what is the termination date of benefits? _____

Does the above client receive unemployment compensation on a seasonal basis? Yes _____ No _____

If so, indicate the total amount received in the last 12 months: $_____

REMARKS: _____

_____

INSURANCE PROVIDER

Signature: _____ Date: _____
Print your name: _____ Tel. #: _____
Title: _____
Address _____
_____

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.