

## VERIFICATION OF UNEMPLOYMENT BENEFITS

**THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT**

**TO:** \_\_\_\_\_  
Name & Address of Agency  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number      Fax Number

**RE:** \_\_\_\_\_  
Applicant/Tenant Name  
\_\_\_\_\_  
Social Security Number  
\_\_\_\_\_  
Unit # (if assigned)

I hereby authorize release of my unemployment information.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Date

The individual named directly above has indicated that he or she is receiving benefits from your agency and is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Return Form To:

\_\_\_\_\_  
Signature of Owner's Representative

\_\_\_\_\_  
Date

**THIS SECTION TO BE COMPLETED BY APPROPRIATE AGENCY**

Gross weekly payment to client \$ \_\_\_\_\_

Beginning date of payment \_\_\_\_\_

Ending date, if known \_\_\_\_\_

Is this client entitled to an extension of benefits?     YES     NO

If yes, for how long? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency's Name and Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-mail

**NOTE:** 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.