

**SAMPLE
UNEMPLOYMENT BENEFITS VERIFICATION**

To: _____

Date: _____

_____ has applied for residency (or is a resident) at _____ . As part of our processing, it is necessary that we obtain verification of his/her unemployment benefits. The applicant/resident hereby authorizes the release of information regarding his/her unemployment benefits.

Please complete the section below and return it in the enclosed self-addressed envelope. (Please mail rather than have the above individual hand deliver.) Thank you in advance for your prompt attention.

Printed Name of Applicant/Resident

Printed Name of Manager

Signature of Applicant/Resident Date

Signature of Manager Date

Social Security #

Manager's Phone Number

THE FOLLOWING IS TO BE COMPLETED BY THE OFFICE OF EMPLOYMENT:

1. Are benefits being paid now? Yes No
2. Have you been approved for payments but have not begun receiving them yet? Yes No
3. If yes, what is Gross Weekly Payment? \$ _____
4. Date of Initial Payment _____

Printed Name of Person Supplying Information

Signature

Title

Date

Phone Number

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder.