



Verification of Receipt of Unemployment Benefits

Re: _____ Social Security #: _____

Claim #: _____

Dear Sir / Madam:

We are required to verify the incomes of all family members living in or applying for Public Housing or Section 8 Housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and will keep the information confidential.

We would greatly appreciate your prompt return of this letter. Note that the person referenced has authorized your release of the information. If you have any questions, please call _____.

Gross Weekly Payment: \$ _____

Is Claimant eligible for further benefits? Yes ____ / No ____

Date of Initial payment _____

Duration of Benefits _____

How many weeks of Benefits remaining? _____

Amount of Benefits remaining? _____

Termination date of Benefits is? _____

Agency Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____

Applicant / Tenant Release:

I _____ hereby authorize the release of the requested above information.

Signature

Date