UNEMPLOYMENT COMPENSATION VERIFICATION

TO: (Name & Address)		
Re:		
Applicant/Tenant Name	Social Security Number	Unit # (if assigned)
PERMISSION FOR RELEASE OF INFORMATION:	I hereby authorize the release of the reques	ted information.
Signature of Applicant/Tenant	Signature Date	
The individual named directly above is an applic remain confidential to satisfaction of that stated		res verification of income. The information provided wil Icial and greatly appreciated.
Project Owner/Managing Agent	Mail/fax/email form to:	
	I TO BE COMPLETED BY UNEMPLOYMENT I	NSURANCE PROVIDER
Gross weekly payment: \$		
Date of Initial Payment:		
Is the client entitled to an extension of benefits?		
If yes, for how long?		
If no, what is the termination date of l	penefits?	
Does the above client receive unemployment co	ompensation on a seasonal basis? Yes	No
If so, indicate the total amount received in the la	ast 12 months: \$	
REMARKS:		
UNEMPLOYMENT INSURANCE PROVIDER:		
Signature: Print your name: Title: Address:	Tel. #: Email:	

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 mater within its jurisdiction.