

UNEMPLOYMENT COMPENSATION VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: _____

RE: _____
Name _____

Social Security Number _____

FROM/RETURN TO: _____

Thank you for your prompt response. All information is confidential.
Please contact _____
at _____ if you have any questions.

E-Mail: _____ Fax: _____

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank. I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature

Date

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: _____

Signature

Printed Name

Date

Address/ City/State/Zip

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.

- 1st Request _____
- 2nd Request _____
- 3rd Request _____

Fax #: _____

Attn: _____