



UNEMPLOYMENT VERIFICATION



Send To: _____

Applicant/Tenant: _____ Unit #: _____

Soc. Security #: _____

Property Name: _____

Address: _____

RELEASE: I hereby authorize disclosure of the information requested below.

Signature of Applicant / Tenant Date

COMPENSATION

Gross weekly amount: \$ _____

Date of initial payment: _____

Ending date if known: _____

Is the client entitled to an extension of benefits? Yes No

If Yes, how long? _____

If No, what is the termination date of benefits? _____

Comments _____

AUTHORIZED SIGNATURE OF PERSON SUPPLYING INFORMATION

Print Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____

RETURN TO: _____

****OFFICE USE ONLY****

Date Sent: _____ By: _____

Date Returned: _____

Comments: _____

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.