

Unemployment Verification

To: Name	From: Name	
Address		
Email		
Phone	Phone	
Fax	Fax	
Re: Name	Address	
Last 4 Digits of SS #		
Release: I hereby authorize the release of the requested information. Info circumstances that would require the owner to verify information that is o		
pplicant/Tenant Date		
ou do not have to sign this form if either the requesting organiz	ation or the organization supplying the info	ormation is left blank.
The individual named above has applied for tenancy or is currently residing partment of Agriculture (Rural Housing) or Section 42 of the IRS code we need and other information related to eligibility. The information you prome and other information to complete our verification process appears above. If you have any questions, please feel free to contact our of the contact	which is administered by the State. Federal regul rovide will be used only for the purpose of detern in a short time period and would appreciate you	ations require the housing owner to annually verify the household's nining the household's eligibility for the program and will be kept
nformation Being Requested:		
Current weekly gross benefit: \$		
Date of initial award:		
Effective date of current amount:		
Date of benefit termination:		
Name / Title of Person Supplying Information	Organization	
Signature	Date	
Phone # Fax #	Email Address	3

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud.



