

Unemployment Insurance Benefits Verification

To: _____

From: _____

Phone: _____

Phone: _____

To Whom It May Concern:

I have applied or am currently a resident at the above noted Apartment Community. I am required to disclose and verify my income, income from assets and all other reasonable, anticipated income for the next twelve months. I would appreciate your cooperation in completing the following questionnaire and returning it to the address listed above.

Signature: _____

Printed Name: _____

Date: _____

SS #: _____

DOB: _____

For Unemployment Office Use Only

1. Amount of Weekly Benefit: _____
2. Start Date of Initial Claim: _____
3. End Date of Initial Claim: _____
4. Duration of Benefits (weeks): _____
5. Is the claimant eligible for further benefits? Yes _____ No _____
6. Amount of weekly further benefits? _____
7. **If Yes**, for how many additional weeks? _____
8. Start date of further benefits: _____
9. Termination date of further benefits? _____
10. Additional comments: _____

Signature: _____

Title: _____

Printed Name: _____

Date: _____

Phone Number: _____

Fax Number: _____

Note: If this is a HUD Financed property Individual Consent Authorization (FAM form #H004B) must be attached.