

UNEMPLOYMENT VERIFICATION

Send To: _____

Applicant/Tenant: _____ Unit # _____
Soc. Security #: _____
Property Name: _____
Address: _____

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

Print Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____

RETURN TO: _____

--OFFICE USE ONLY--

Date Sent: _____

Date Received: _____

Comments: _____