

**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: \_\_\_\_\_