

Unemployment Benefits Verification

<p>To: Name: _____ Address: _____ _____ Phone: _____ Fax: _____</p>	<p>From: Name: _____ Address: _____ _____ Phone: _____ Fax: _____</p>
<p>RE: Name: _____</p>	

The above individual has indicated he/she is receiving benefits from your agency. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

I hereby authorize the release of the requested information. Information obtained under this document is solely for the purpose of determining eligibility for occupancy.

 Signature Date

Weekly Gross Payment to Client \$ _____

Beginning date of Payment _____ Ending Date (if known) _____

Is this client entitled to an extension of benefits? _____ If yes, for how long? _____

 Remarks _____

Signed: _____ Date: _____

Title: _____ Telephone: _____