

UNEMPLOYMENT BENEFITS VERIFICATION

To: _____

Date _____

_____ has applied for residency/is a resident at our rental property. As part of our processing, we must obtain verification of his/her unemployment benefits.

Permission by: _____
(Applicant/Resident's Signature) *(Date)*

Please complete the section below and return it by mail in the enclosed self-addressed stamped envelope. Thank you in advance for your prompt attention.

Sincerely,

Apartment Manager

THE FOLLOWING TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE:

- 1. Are your benefits being paid now? _____
- 2. If yes, what is Gross Weekly Payment? \$ _____
- 3. Date of Initial Payment _____
- 4. Duration of Benefits _____ weeks
- 5. Is the claimant eligible for future benefits? _____ yes _____ no
- 6. If yes, how many weeks? _____ weeks
- 6. If no, what is the termination date of benefits _____

(Signature of Authorized Representative) (Date)

(Title) (Telephone Number)