

VERIFICATION OF UNEMPLOYMENT BENEFITS

TO: Nebraska Workforce Development
P.O. Box 94600
Lincoln, NE 68509-4600
OR
Fax (402) 471-9868

Please Return to:

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RE: Unemployment Benefits Paid To: _____
Address: _____

The Federal Government requires that the income of all members of families applying for admission to federally aided projects be verified in order to establish occupancy eligibility. We request your cooperation in supplying the following information.

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AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize and request you to furnish the following information that is necessary in determining eligibility for public housing.

Date Signature of Applicant

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Please complete the following information for the applicant listed above:

Gross Weekly Payment \$ _____
Date of Initial Payment _____
Duration of Benefits _____ weeks

Is the claimant eligible for further benefits? YES _____ NO _____
If yes, for how many weeks? _____ Amount \$ _____
If no, what is the termination date of benefits: _____

Date Signature of Authorizing Agent Title of Authorizing Agent

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“This institution is an equal opportunity provider.”

