

Unemployment Benefits Verification Instruction

Purpose: To verify an applicant's or resident's unemployment benefits.

Note: This form must be mailed or faxed to the applicable unemployment office shown on the form. The resident cannot "hand carry" the form.

Special Mention:

- ▶ Remember to include a self-addressed envelope.

Specific Instructions:

1. Enter property name and unit number.
2. Enter date.
3. Enter name and address of property. Include your phone number and your fax number (if you want request faxed back to your office).
4. Enter name of the applicant or resident.
5. Enter applicant's Social Security number. *
6. Have applicant sign and date before mailing.
7. Mail or Fax to the Employment Security Department's Records Disclosure Unit once form is filled out.

* **Note:** For privacy reasons, a resident may elect not to provide his/her Social Security number on this form. Residents who do not provide their Social Security number should sign Certification #2 on the *Identification Certification* form.

UNEMPLOYMENT BENEFITS VERIFICATION

Property Name: (1) Unit: (1)

Date: (2)

TO: Employment Security Department (ESD)
ATTN: Records Disclosure
P.O. Box 9046
Olympia, WA 98507-9046
Phone Number: 360. 407.4580
Fax Number: 866.610.9225

FROM: (Name of Property) (3)

SUBJECT: Verification of information supplied by an applicant for housing assistance.

Name: (4)

Social Security Number: (5)

This person has applied for housing assistance under a low income housing tax credit/bond program administered by the Washington State Housing Finance Commission. This agency requires the housing owner to verify all information that is used in determining this person's eligibility of level of benefits. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. The applicant/resident has consented to this release of information as shown below.

Release of Information: YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

(6)
Signature

(6)
Date

INFORMATION BEING REQUESTED:

Gross weekly payment \$ _____
Date of initial payment _____
Duration of benefits _____
Is the claimant eligible for further benefits? Yes No
If "YES," how many weeks? _____
If "NO," what is the termination date of benefits? _____

Name of Person Supplying the Information Title Agency/Organization

Signature Date Phone Number

WARNING STATEMENT: Section 1001 of Title 18, United State Code provides, "whoever, in any matter within the jurisdiction of any department of agency of the United States knowingly and willingly falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or used any false writing or document knowing the same to contain false, fictitious or fraudulent statement or entry shall be fined under the title \$10,000.00 or imprisonment of up to five years or both."