

UNEMPLOYMENT BENEFITS VERIFICATION

(02/19)

Name of Unemployment Compensation Provider			
Address	City	State	ZIP Code
Applicant	Social Security Number	Date	

TO BE COMPLETED BY PROJECT MANAGER

The person listed above has indicated that he or she is receiving Unemployment Compensation benefits. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy in a housing development receiving tax credits under Section 42 of the Internal Revenue Service Code.

Project Management Agent

TO BE COMPLETED BY APPLICANT

Signature	Date
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TO BE COMPLETED BY UNEMPLOYMENT COMPENSATION BUREAU

Gross Weekly Benefit	Date of Initial Payment	Duration of Benefits in Weeks
Is the claimant entitled to an extension of benefits <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how many weeks If no, what is the date of benefits terminated		
Comments		
Signature and Title of Unemployment Compensation Official		
Telephone Number	Date	

TO BE COMPLETED BY PROJECT MANAGER

Please Return To	
Telephone Number	Fax Number