



Customize your forms the easy way with TrackPro Organizer. This form is available on CD or disk. Call (800) 742-5442 or visit www.TrackProServices.com

UNEMPLOYMENT COMPENSATION VERIFICATION

TO: _____

DATE: _____ APT. #: _____

TEL.#: _____

DEVELOPMENT NAME: _____

APPLICANT/RESIDENT: _____

FROM: _____

CLAIM #: _____

TEL.#: _____

FAX #: _____

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

I hereby authorize release of any information requested regarding my income, assets, and allowances.

Applicant/Resident Signature

Social Security Number(s)

UNEMPLOYMENT BENEFITS COMPENSATION INFORMATION:

1. Current Status: *(please check one)*
 - Currently Receiving Benefits
 - Has Been Determined Ineligible for Benefits
 - Has Been Disqualified Until _____
 - Has Not Filed a Claim
 - Has No Current Claim
 - Has a Claim that is currently being contested

2. **GROSS** Weekly Payment: \$ _____

3. Date of Initial Claim: _____

4. Duration of Benefits: *(# of weeks left)* _____

5. Is the above signed eligible for further benefits? YES NO

6. If Yes, how many weeks? _____

7. **GROSS** Weekly Amount: (if different from above) \$ _____

8. If No, on what date do the benefits terminate? _____

Signature of Person Verifying Information

Telephone Number

Title

Date

OFFICE USE ONLY:



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

©2008 Heartland Properties, Inc.
All Rights Reserved
04/01/04 HPI 314