

UNEMPLOYMENT COMPENSATION VERIFICATION

TO: _____

TEL.#: _____

DATE: _____ APT. #: _____
DEVELOPMENT NAME Port Terrace Apartments
APPLICANT/RESIDENT: _____

CLAIM #: _____

FROM: Port Terrace Apartments
1587 W. Port View Drive.
Port Washington, WI 53074
TEL.#: 262-284-4477
FAX.#: 262-284-4476

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)*

<input type="checkbox"/> Currently Receiving Benefits	<input type="checkbox"/> Has Not Filed a Claim
<input type="checkbox"/> Has Been Determined Ineligible for Benefits	<input type="checkbox"/> Has No Current Claim
<input type="checkbox"/> Has Been Disqualified Until	<input type="checkbox"/> Has a Claim that is currently being contested
2. **GROSS** Weekly Payment: \$ _____
2. Date of Initial Claim: _____
3. Duration of Benefits: *(# of weeks left)* _____
4. Is the above signed eligible for further benefits? YES NO
5. If Yes, how many weeks? _____
6. **GROSS** Weekly Amount: (if different from above) \$ _____
7. If No, on what date do the benefits terminate? _____

Signature of Person Verifying Information: _____ Telephone Number: _____

Title: _____ Date: _____

FORM # 14

OFFICE USE ONLY:

