

UNEMPLOYMENT COMPENSATION VERIFICATION

TO: MS Employment Security Commission
P.O. Box 23088
Jackson, MS 39217
Telephone: 601-321-6000
Fax: 601-321-6433

FROM:
PHONE:
FAX:

Tenant Name:

Property Owner/Manager Signature

In order to comply with federal regulations requesting verification of all income and allowances for residents of the Small Rental Assistance Program housing, please complete the following information and return as soon as possible to the above address in the envelope provided, or FAX to the number shown above. Thank You.

I hereby authorize release of any information requested by Property Owner and/or Manager, as listed above, regarding my income and allowances.

Tenant Signature

Social Security Number

UNEMPLOYMENT BENEFITS COMPENSATION INFORMATION:

- 1. Current Status: (please check one)
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?
6. If Yes, How many weeks?
7. GROSS Weekly Amount:
8. If No, on what date do the benefits terminate?

Signature of Person Verifying Information

Title