

# 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:

