Seattle Housing Authority

Head of Household Name: _____

Head of Household SS#: _____

REQUEST for VERIFICATION of UNEMPLOYMENT BENEFITS

The undersigned applicant has applied for a rental unit located in a project financed under a Washington State Housing Finance Commission multifamily rental housing program. Income statements of a prospective resident must be verified. ***This form must be mailed or faxed. DO NOT hand-carry this form***.

TO: Employment Security Department (ESD) ATTN: Records Disclosure P.O. Box 9046 Olympia, WA 98507-9046 Phone Number: (360) 586-2132 Fax Number: (360) 586-2133 **FAX:**	FROM: **(206) 256-7026**

Request can be mailed or faxed to the ESD Records Disclosure Unit. If you want your request faxed back, please provide your fax number

The individual listed below has stated s/he is receiving benefits from your agency. Information provided will be used solely to determine eligibility for occupancy.

Household Member Name:

Social Security Number:

My signature authorizes verification of my unemployment information:

_____ _____

Household Member's Signature Date

I certify that this verification has been sent directly to the ESD and has not passed through the hands of the applicant or any other interested party.

_____ _____ _____

Signature of Sender Date Sender's Phone #

_____ _____ _____

Print Name of Sender Title Sender's Fax #

TO BE PROVIDED BY THE EMPLOYMENT SECURITY DEPARTMENT:

Unemployment Information within the last year