

THE TOWN OF HUNTINGTON
HOUSING AUTHORITY
1-A LOWNDES AVENUE
HUNTINGTON STATION, NY 11746

Date: _____

Re: _____

Address: _____

VERIFICATION OF UNEMPLOYMENT BENEFITS

We are required to verify the income of all Applicants or Tenants in our income housing programs. We ask your cooperation in supplying the requested information.

Housing Authority Representative/Phone

1. Are benefits being paid now? ()YES ()NO

2. If yes, what is weekly benefit amount? _____

3. When did the benefits begin? _____

4. What is balance of benefits available? _____

5. If benefits have expired, when did they expire? _____

6. Is recipient eligible for extended benefits? _____

7. Remarks: _____

Completed By

Date

Title

Phone #

I, do hereby authorize the release by the Employment Security Commission of any information received from me which they have in their files. This information is to be released to the Housing Authority.

Signature

Social Security Number