

## UNEMPLOYMENT INCOME VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			

### AGENCY PROVIDING BENEFITS

Agency Name:		Contact Name:		
Address:		Phone:		Fax:
City:		State:	Zip:	Email:

**My Signature Authorizes Verification of my Unemployment Income Information:**

\_\_\_\_\_  
Applicant/Tenant Signature

\_\_\_\_\_  
Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

\_\_\_\_\_  
Project Owner/Management Agent

### THIS SECTION TO BE COMPLETED BY BENEFIT ADMINISTRATION

- PLEASE LIST ALL BENEFITS RECEIVED BY THE ABOVE NAMED APPLICANT/TENANT
- ATTACH A PAY HISTORY FOR PAST 12 MONTHS

Are benefits currently being paid?     YES     NO    If NO, when did they end: \_\_\_\_\_

If YES, please list gross benefit amount:    \$ \_\_\_\_\_     Weekly     Biweekly     Monthly     Other: \_\_\_\_\_

When did payments begin: \_\_\_\_\_

When will payments end: \_\_\_\_\_

List any available extensions: \_\_\_\_\_

Please list any expected changes: \_\_\_\_\_

Please list any helpful remarks: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Person Supplying the Information

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-Mail

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction