



76 Stevenson Drive
Dover, DE 19901
302-678-1965 *voice*
302-678-1971 *fax*
1-800-545-1833, ext. 816 TDD
dover.housingauthority@dhade.org *email*

UNEMPLOYMENT VERIFICATION

**Division of Unemployment Insurance (Verification Dept.)
P.O. Box 9950
Wilmington, DE 19809-0950**

Dear Sir:

The Department of Housing and Urban Development requires third party verification of all information submitted by anyone applying for or participating in a federally assisted program. The person named below has signed and agreed to the release of the requested information. This information will be kept in strict confidence.

Please complete the portion which is applicable to the applicant and return this form to our office as soon as possible.

Sincerely,

Occupancy Department

Please do not detach

Name of Applicant: S.S#:

ADDRESS:

I authorize the release of the information to Dover Housing Authority for the purposes of determining my eligibility.

DATE:

Signature:

1. Total unemployment compensation received from to
was \$

2. Compensation payments were effective

3. Is the applicant still receiving unemployment compensation?

4. If yes, what is the amount of present unemployment compensation payments being received? \$

5. Is any increase or decrease Anticipated?

6. If yes, how much is the increase/decrease? \$

When?

Remarks:

Signature:

DATE:

Phone: 302-761-8417

Fax: 302-761-6637