



310 N. Sixth Street  
 DeKalb, IL 60115  
 Phone: 815-758-2692  
 Fax: 815-758-4190  
 www.dekcohousing.com

**UNEMPLOYMENT VERIFICATION**

*Please print neatly in black or blue ink.*

**PLEASE READ CAREFULLY**

**UNEMPLOYMENT VERIFICATION**

Regarding: \_\_\_\_\_

Dear Sir/Madam:

The housing authority of the county of DeKalb is required to obtain all information concerning the income and expenses of applicants and participants in order to determine their eligibility for housing assistance and the rental rate to be paid. **The above named person has informed us that they are collecting unemployment.**

Please help us to assist the above listed person with their housing request by providing the requested information below. Please return this verification within ten (10) days of receipt.

**THE HOUSING AUTHORITY OF THE COUNTY OF DEKALB**

HCV Case Manager

1.) Is claimant receiving benefits now? Yes _____ No _____	
a.	If yes, benefit amount per week: \$ _____
	Dependant amount per week: \$ _____
	Maximum benefit balance: \$ _____
	Date of initial payment: _____
	Benefit end date: _____
b.	If no, is claimant eligible at a future time and if so, How many weeks? _____ For amount of \$ _____ Starting date: _____
2.) Please list the address on file for this person: _____	
Signature _____	Date: _____
Title _____	Phone/Email: _____

I hereby authorize the release of the requested information.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date