



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

VERIFICATION OF UNEMPLOYMENT

Please print neatly in black or blue ink.
PLEASE READ CAREFULLY

I, _____, hereby authorize the recipient of this verification to furnish the information requested to the Housing Authority of the County of DeKalb for support in housing program participation as required by HUD Regulations.

Date

Signature

Soc. Sec. Number

Is the above listed person receiving benefits now? Yes No

- a. **If yes**, benefit amount per week: \$ _____
- Dependent 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? _____
- Starting date: _____
- For the amount of: \$ _____

Current address on file for the person listed above: _____

Authorized Representative

Name & Title: _____

Email: _____ Phone: _____ Fax: _____

Signature: _____ Date: _____

Office Use:

- Chelsea Bemis**
HCV Administrator
815-758-2692 x. 125
cbemis@dekcohousing.com
- Abby Adams [A-L & EHV]**
HCV Case Manager
815-758-2692 x. 126
aadams@dekcohousing.com
- Lexy Moreland [M-Z & VASH]**
Admissions Manager
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amoreland@dekcohousing.com
- Katy Kingren**
Rent Specialist & Portability
815-758-2692 x. 130
kkingren@dekcohousing.com
- Susan Capps [PH-SPC]**
PH & SPC Case Manager
815-758-2692 x. 131
scapps@dekcohousing.com
- Diana Carr**
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815-758-2692 x. 129
dcarr@dekcohousing.com
- Annette Trevino**
Admissions Assistant
815-758-2692 x. 128
atrevino@dekcohousing.com

Attempt #1	_____
Attempt #2	_____
Attempt #3	_____