

## REQUEST FOR VERIFICATION OF UNEMPLOYMENT BENEFITS

TO: Unemployment Office Social Security #: \_\_\_\_\_

FROM: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

RE: Request verification of unemployment benefits for the individual listed below:

Name: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

(if name and/or address are different from above, note as they appear in UI files)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Information is requested for the period \_\_\_\_\_ to \_\_\_\_\_

Is this individual eligible for UI?      YES      NO

If YES, list checks issued during the specific time period:

Issue Date	Week Ending	Check Amount

Please list last employer's name and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
UI Representatives' Signature      Date: \_\_\_\_\_

I hereby authorize the release of unemployment insurance information necessary for documentation of income to the MARYLAND OFFICE OF HOME ENERGY PROGRAMS.

RELEASE OF INFORMATION SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

DHR/OHEP 627 (7/04)

The Washington County Community Action Council, Inc. (CAC) is committed to ensuring everyone has access to services regardless of impairment, disability, and language barrier. If you or any member of your family needs assistance, please contact CAC prior to your appointment to make alternate accommodations.

