



ABILENE HOUSING AUTHORITY
1149 E South 11th St
Abilene, TX 79602

UNEMPLOYMENT BENEFIT VERIFICATION

Texas Workforce Commission
Attn: 325-795-4236
Fax: 325-795-4384

Person Receiving Benefit: _____

Head of Household: _____

The individual named above has applied for or is receiving federally funded housing assistance from our agency. The department of Housing and Urban Development stipulates that third party verification must be obtained. We ask your cooperation in providing the information requested below. Any information you provide is confidential and is only used to determine eligibility for housing assistance by our agency.

I authorize the Texas Workforce Commission to release any information regarding unemployment benefits to Abilene Housing Authority.

Signature

Social Security Number

Date

Do NOT WRITE BELOW THIS LINE

(To be completed by TWC Staff)

1. Are benefits being paid now? YES NO
2. If yes, what is weekly benefit amount? \$ _____
3. What date did/will the benefits start? _____
4. What is the balance of benefits available? \$ _____
5. What date will/did the benefits expire? _____
6. Is recipient eligible for extended benefits? YES NO

Comments:

Name and Title of Person Completing form

Phone

Signature

Date