



Head of Household Name: \_\_\_\_\_

Head of Household SS#: \_\_\_\_\_

### REQUEST for VERIFICATION of UNEMPLOYMENT BENEFITS

The undersigned applicant has applied for a rental unit located in a project financed under a Washington State Housing Finance Commission multifamily rental housing program. Income statements of a prospective resident must be verified. ***This form must be mailed or faxed. DO NOT hand-carry this form.***

TO: Employment Security Department (ESD)  
ATTN: Records Disclosure  
P.O. Box 9046  
Olympia, WA 98507-9046  
Phone Number: (360) 586-2132  
Fax Number: (360) 586-2133

FROM:  
  
**FAX: (206) 615-3308**

Request can be mailed or faxed to the ESD Records Disclosure Unit. If you want your request faxed back, please provide your fax number

*The individual listed below has stated s/he is receiving benefits from your agency. Information provided will be used solely to determine eligibility for occupancy.*

Household Member Name:  
Social Security Number:  
My signature authorizes verification of my unemployment information:  
  
\_\_\_\_\_  
Household Member's Signature Date

I certify that this verification has been sent directly to the ESD and has not passed through the hands of the applicant or any other interested party.

\_\_\_\_\_  
Signature of Sender Date Sender's Phone #

\_\_\_\_\_  
Print Name of Sender Title Sender's Fax #

**TO BE PROVIDED BY THE EMPLOYMENT SECURITY DEPARTMENT:**

**Unemployment Information within the last year**