



Roseville Housing Authority
316 Vernon Street, Ste. 150
Roseville, California 95678

UNEMPLOYMENT BENEFITS VERIFICATION

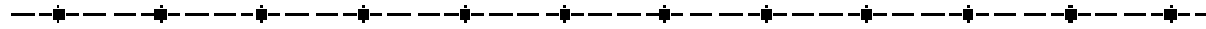
I, _____, authorize the Employment Development Department to release information regarding my Unemployment Benefits to the Roseville Housing Authority. This information is necessary for the Roseville Housing Authority to determine my eligibility for the Housing Choice Voucher Section 8 Rental Assistance Program.

Social Security #: _____

Signed: _____

Dated: _____

Applicant/Participant: Complete above portion only & return this form to Roseville Housing Authority



EMPLOYMENT DEVELOPMENT DEPARTMENT:

Please complete and return this form to the person listed below. Thank you for your cooperation.

Date benefits started: _____

Date benefits scheduled to end: _____

Amount of weekly benefits currently authorized: _____

Total numbers of week's current benefits are authorized for: _____

Person completing this form: _____

Title: _____

Date: _____

Phone: _____

Please return this form by mail or fax to:

Roseville Housing Authority
316 Vernon Street, Ste. 150
Roseville, CA 95678
PH. (916) 774-5270
FAX (916) 746-1295

ATTN: _____ Program Specialist/Technician