

UNEMPLOYMENT BENEFITS VERIFICATION

Oklahoma Employment Security Commission

Date _____

Re: _____

SSN _____

The above referenced person has applied for residency / is a resident at _____

As part of our processing, it is necessary that we obtain unemployment benefits on the above referenced person.

I hereby authorize and request the following information be released to _____

Applicant / Resident Signature

Please complete the section below and return it via mail or fax. Thank you for your prompt attention.

Apartment Manager Signature

TO BE COMPLETED BY AUTHORIZED OFFICIAL

Is this individual qualified to receive unemployment benefits? ? YES NO

Weekly Benefit Amount: \$ _____

Beginning Date of Benefits: _____

Ending Date of Benefits: _____

Remarks (if any): _____

Signature of Official

Date

Title of Official

Telephone Number

WARNING: Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States at to any matter within its jurisdiction.