

Re-exam Case # _____

Application # _____

Date _____

VERIFICATION OF TDI

Dear Sirs:

I have applied with the Department of Community Services, Section 8 Housing Assistance Payments Program, for assistance.

I hereby grant authorization to furnish the information requested and will appreciate your forwarding the completed form.

Social Security Number _____

Signature of Applicant

Date: _____

To: Department of Community Services
City and County of Honolulu
842 Bethel Street, 1st Floor
Honolulu, HI 96813

Subject: Temporary Disability Insurance
Applicant: _____
Address: _____
Social Security Number: _____
Weekly Benefits Amount: \$ _____
Maximum Benefits Amount: \$ _____
Benefit Year Ending Date: _____
Is Claimant Currently Receiving Benefits? Yes _____ No _____
Date Payment Started: _____
Total Benefits Paid: From _____ to _____ \$ _____
Remarks: _____

Company/Agency

By: _____

Representative's Signature

Print Name and Title: _____

Address: _____

Date: _____ Phone: _____