

# VERIFICATION OF UNEMPLOYMENT INSURANCE

Department of Labor and Industrial Relations  
Unemployment Insurance Division  
P.O. Box 1061  
Honolulu, Hawaii 96808

Dear Sirs:

I have applied to City and County of Honolulu, Section 8 Rental Assistance Program.  
I hereby authorize the Unemployment Insurance Division to furnish the information  
requested and will appreciate your forwarding the completed form to them.

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_

**To:** City and County of Honolulu  
Section 8 Housing Assistance Payments Program  
842 Bethel Street, 1<sup>st</sup> Floor  
Honolulu, Hawaii 96813  
Telephone: 768-7096

**Subject:** Report on Unemployment Insurance Benefits

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Weekly Benefits Payable: \$ \_\_\_\_\_

Maximum Benefits Payable: \$ \_\_\_\_\_

Is Claimant Currently Receiving Benefits?  Yes  No

Date Payment Started: \_\_\_\_\_

Total Benefits Paid: From \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

Remarks: \_\_\_\_\_

By: \_\_\_\_\_  
Employment Service Representative

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_