

Re-exam Case # _____

Application # _____

Date _____

VERIFICATION OF WORKERS' COMPENSATION

Dear Sirs:

I have made application to 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.

Soc. Security No. _____

Signature _____

Date _____

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To: Department of Community Services
City and County of Honolulu
842 Bethel Street, 1st Floor
Honolulu, Hawaii 96813
Telephone: (808) 523-5909

Subject: Workmens' Compensation Benefits

Applicant: _____

Address: _____

Social Security Number: _____

Weekly Benefits Amount: \$ _____

Maximum Benefits Payable: \$ _____

Is Claimant Currently Receiving Benefits? Yes ___ No ___

Date Payment Started: _____

Total Benefits Paid: From _____ to _____ \$ _____

Remarks: _____

Company/Agency

By: _____

Print Name and Title: _____

Address: _____

Date: _____

Phone: _____