



Expert Knowledge - Exceptional Service

UNEMPLOYMENT INCOME VERIFICATION

Applicant/Resident Name

Employer Name: _____ Last day worked: _____

Gross Weekly Payment: \$ _____

Date of Initial Payment: _____

Duration of Benefits? _____

Termination date of Benefits? _____

Is Claimant eligible for further benefits? Yes No

Type of Benefit? _____ Last day worked: _____

Notes:

Proof of Unemployment Income MUST be attached to this form

Examples:

- Statement from the Unemployment Office

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Applicant/Resident _____ Date _____

WARNING: Section 1001 of Title 18 of the U.S. Code (18 USC 1001) makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. The criminal penalty under 18 USC 1001 is up to a \$10,000 fine, 5 years imprisonment, or both.

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