



M-19K Verification of Unemployment Benefits

SCSHFDA, 300-C Outlet Pointe Blvd., Columbia, SC 29210, (803) 896-9001 www.schousing.com

To: _____ From: _____

 Phone: _____ Fax: _____
 Email: _____

RE: _____
 (Applicant's Name)

I hereby authorize release of my information.

Signature of Applicant _____ Date _____

OR copy of the attached executed release form which authorizes the information to be requested.

Federal regulations require verification of income from all members of the household applying for participation in the assistance program which we operate. This information will be used only to determine the eligibility status and level of benefit for the household. Your prompt response is greatly appreciated.

THIS SECTION TO BE COMPLETED BY UNEMPLOYMENT ADMINISTRATOR

1. Are benefits being paid currently? () Yes () No
2. If yes, what is Gross Weekly Amount? \$ _____
3. Date of Initial Payment: _____
4. How many weeks? _____ weeks
5. Claimant eligible for future benefits? () Yes () No
6. If yes, how many weeks: _____
7. If no, what is the termination date of benefits? _____

 Authorized Signature Printed Name Date

 Title Address

 Phone # Fax # Email

Note: Section 101 of Title 18 of the US Code states that a person is guilty of a felony for knowingly and willing making false or fraudulent statements to any department of the United States Government.