



Verification of Unemployment Benefits

TO: Employment Security Department
Attn: Records Disclosure
P O Box 9046
Olympia Washington 98507-9046
Phone 360-586-2132 | Fax 866-610-9225

From: _____
Email: _____@wallawallaha.org

Applicant/Participant Name: _____ SSN: _____

I hereby authorize Walla Walla Housing Authority to receive information about me relating to unemployment benefits and/or employment history from the Oregon Employment Department.

Applicant / Participant Signature

Date

For the above-signed applicant/participant, Walla Walla Housing Authority requests the following information:

- Unemployment history for the immediate past year to current date
- Employment history for the immediate past year to current date

COMMENTS:

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

Walla Walla Housing Authority | 501 Cayuse Street | Walla Walla Washington 99362 | 509-527-4542 | Fax 509-527-4574

Hearing-impaired, use statewide relay service number 1-800-833-6384 | www.wallawallaha.org | wwha@wallawallaha.org

