VERIFICATION OF UNEMPLOYMENT COMPENSATION BENEFITS

TO THE APPLICANT: Please have this form completed at your local unemployment compensation office. Return this form, within five (5) days, to the intake site where you applied for energy assistance or mail it to the address below:

Southington Community Services
91 Norton Street
Plantsville, Ct 06479

PLEASE PRINT:

NAME:_____
LAST FIRST MIDDLE INITIAL

ADDRESS:_____
NUMBER AND STREET CITY ZIP CODE

APPLICANT
ID NO:_____ SOC. SEC. NO.:_____/____/____ DATE:____/____/____

RELEASE AUTHORIZATION:
Please release pertinent information to New Opportunities of Greater Meriden from your records to expedite my application.

Signature:_____ Date:_____/_____/_____

TO THE UNEMPLOYMENT OFFICE: Please supply the following information for the person listed above.

BENEFITS RECEIVED WITHIN THE LAST FOUR (4) WEEKS? YES ☐ NO ☐

IF YES, DATE (S) BENEFITS STARTED:_____ ENDED:_____
(if applicable)

AMOUNT OF BENEFITS RECEIVED WEEKLY: $_____

_____ _____ _____
AUTHORIZED SIGNATURE TITLE OR STAMP DATE