



310 N. Sixth Street
DeKalb, IL 60115
Phone: 815-758-2692
Fax: 815-758-4190
www.dekcohousing.com

VERIFICATION OF UNEMPLOYMENT

Please print neatly in black or blue ink.

PLEASE READ CAREFULLY

I, _____, hereby authorize the recipient of this verification to furnish the

(Print Full Name)

information requested to the Housing Authority of the County of DeKalb for support in housing program participation as required by HUD Regulations.

Date

Signature

Soc. Sec. Number

Is the above listed person receiving benefits now? ☐ Yes ☐ No

a. **If yes**, benefit amount per week: \$

Dependent amount per week: \$

Maximum benefit balance: \$

Date of initial payment:

Benefit end date:

b. **If no**, is claimant eligible at a future time and if so,

How many weeks?

Starting date:

For the amount of: \$

Current address on file for the person listed above:

Authorized Representative

Name & Title: _____

Email: _____ Phone: _____ Fax: _____

Signature: _____ Date: _____

Office Use:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Chelsea Bemis
HCV Administrator
815-758-2692 x. 125
cbemis@dekcohousing.com | <input type="checkbox"/> Jess Saltz [A-J & EHV]
HCV Case Manager
815-758-2692 x. 126
jsaltz@dekcohousing.com | <input type="checkbox"/> Lexy Moreland [K-Z & VASH]
HCV Case Manager
815-758-2692 x. 127
amoreland@dekcohousing.com | <input type="checkbox"/> Katy Kingren
Rent Specialist & Portability
815-758-2692 x. 130
kkingren@dekcohousing.com |
| <input type="checkbox"/> Susan Capps [PH-SPC]
PH & SPC Case Manager
815-758-2692 x. 131
scapps@dekcohousing.com | <input type="checkbox"/> Diana Carr
Admissions Manager
815-758-2692 x. 129
dcarr@dekcohousing.com | <input type="checkbox"/> Jackie Hewitt
Admissions Assistant
815-758-2692 x. 128
jhewitt@dekcohousing.com | |

Attempt #1 _____

Attempt #2 _____

Attempt #3 _____