VERIFICATION OF UNEMPLOYMENT BENEFITS Telephone or Internet Method

Applicants and/or Residents should complete the upper portion of this form where indicated and return to the housing office

State of Texas - Unemployment B	<u>enefits</u>	Housing Client / Applicant's Name	
Third-Party Oral / Automated Verif	fication or Internet		
PHONE: (800) 558-8321		SS#:	
WEB SITE: https://www.twc.texas.gov/jobseekers/unemployment-benefits-services (then click on "Logon")			
Note that in order to obtain this information via telephone, it is necessary to obtain the PIN# from the Tenant/Applicant who PHONES in to get their information. Those who use an internet connection to check their benefits		Date of Birth:// Logon (TWC site only): PIN# / Pswd:	
must either submit their User ID and password or come to the office and key them in.		(Both Logons and Pswds are case sensitive)	
I hereby authorize and request the Texas Workforce Commission to furnish the following information to Alto HA representatives, which is necessary in determining eligibility and rental assistance for the Rental Subsidy Program.			
Signature of Recipient		Date	
THIS SECTION TO BE COMPLETED BY THE WORKFORCE COMMISSION			
This is to certify that, the individual listed on this form receives the following benefits through the Texas Workforce Commission:			
Gross Weekly Benefit:	\$.00	AHA procedure for calculating
Maximum Possible Benefit:	\$.00	unemployment income calls for us to use the "maximum
Benefits Paid to Date:	\$.00	benefit" amount as the annual income from unemployment.
Benefits Remaining:	\$.00	meonic from unemployment.
COMMENTS:			
Verification Conducted By			Date
Results received by Client Declaration AHA Dialed in to Recording Internet Access Other			