



A Community Partner,
Helping People to Help Themselves

Walla Walla Housing Authority

501 Cayuse Street
Walla Walla WA 99362
509-527-4542 * Fax 509-527-4574
Hearing-impaired, please use relay service
www.wallawallaha.org * wwha@wallawallaha.org



VERIFICATION OF UNEMPLOYMENT BENEFIT

Staff Name: _____ Telephone Number: _____

Employment Security Department
Attn: Records Disclosure
P O Box 9046
Olympia WA 98507-9046
360-586-2132 * Fax 360-586-2133

Applicant / Participant Name: _____

Social Security Number: _____

I hereby authorize Walla Walla Housing Authority to receive information about me relating to unemployment benefits and/or employment history from the Employment Security Department. See attached Authorization for the Release of General Information.

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:

