



Verification of Unemployment Benefits

TO: Oregon Employment Department
408 SE 7th Street
Pendleton Oregon 97801
Fax: 541-278-2068

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.

