

## VERIFICATION OF UNEMPLOYMENT BENEFITS

<p><b>COMMONWEALTH OF KENTUCKY NSP PROGRAM</b></p> <p>AUTHORIZATION: Federal Regulations require us to verify Unemployment Benefits Income of all members of the household applying for participation in the NSP Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Benefits</p> <p>1. Are benefits being paid now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. If Yes, what is Gross Weekly Payment? \$ _____</p> <p>3. Date of Initial Payment _____</p> <p>4. Duration of Benefits _____ weeks</p> <p>Is claimant eligible for future benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. If yes, how many weeks? _____ weeks</p> <p>6. If no, what is the termination date of benefits? _____</p>
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____ (Signature of Applicant)</p> <p>Date: _____</p> <p>Or a copy of the executed "NSP Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____ or Authorized Representative</p> <p>_____ Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>
<p>WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>	