



Property Name: []

Unit: []

TO: Employment Security Department (ESD)

ATTN: Records Disclosure
P.O. Box 9046
Olympia, WA 98507-9046
Phone Number: 844-766-8930
Email: recordsdisclosure@esd.wa.gov
Fax Number: 866-610-9225

Return form to: (Name/Address of Property)

[]

SUBJECT: Verification of information supplied by an applicant/resident for housing assistance

Name of applicant/resident: []

Social Security Number: []

The above named person has applied for/lives in a housing unit supported by one of the City of Seattle's Affordable Housing Programs, administered by the Seattle Office of Housing (OH). OH requires the housing owner to verify all information that is used in determining this person's eligibility. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. The applicant/resident has consented to this release of information as shown below.

Release of Information: YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

X
[]

Signature

[]

Date

INFORMATION BEING REQUESTED:

Gross weekly payment	[]
Date of initial payment	[]
Duration of benefits	[]
Is the claimant eligible for further benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES", how many weeks?	[]
If "NO", what is the termination date of benefits?	[]

[]
Name of Person Supplying the Information

[]
Title

[]
Agency/Organization

X
[]
Signature

[]
Date

[]
Email

[]
Phone number