



DISABILITY INSURANCE BENEFITS VERIFICATION

I, \_\_\_\_\_, do hereby authorize the Employment Development Department to release information regarding my Disability Insurance Benefits to the Roseville Housing Authority. This information is necessary for determining eligibility for my household under the Roseville Housing Authority's Housing Choice Voucher Rental Assistance Program.

Social Security #: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant/Participant: Complete above portion only & return this form to Roseville Housing Authority

EMPLOYMENT DEVELOPMENT:

Please complete and return this form to the person listed below. Thank you for your cooperation.

Date benefits started: \_\_\_\_\_

Date benefits scheduled to end: \_\_\_\_\_

Amount of weekly benefits currently authorized: \$ \_\_\_\_\_

Total number of weeks current benefits are authorized for: \_\_\_\_\_

Person completing this form: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to: Roseville Housing Authority
311 Vernon Street
Roseville, CA 95678
or Fax: (916) 746-1295

Attn: \_\_\_\_\_
Program Specialist/Technician