

Employment Security Form

CHECK HERE IF EMERGENCY (1/8 TANK OIL-DISCONNECT/EVICTION NOTICE-HOMELESS)

New Hampshire Employment Security Benefits Verification Form
Fax (603) 224-7313 Mailing Address c/o UCB 45 South Fruit Street Concord NH 03301-2410

Your Name (PRINT CLEARLY): _____

SS# (LAST 4 ONLY): _____ DOB (MM/DD/YY): _____

Address: _____

Release of Confidentiality: I authorize the release of information between New Hampshire Employment Security and the requesting agency (Fuel Assistance Programs, Housing Authorities and their agents, Health & Human Services Departments) indicated at the bottom of this form. **This release expires six months from the date of my signature.**

Your Signature

Date

NEW HAMPSHIRE EMPLOYMENT SECURITY WILL FILL OUT THIS SECTION...

	Check Date	Week Ending Date	Gross Amount Payment	Earnings Reported
1				
2				
3				
4				
5				

SSN Not Found in NHES Database: _____

See Print out attached: _____

Application Done: _____

Reported Last Day Worked: _____

Date of First Check: _____

Date of Last Check: _____

Benefits Denied?

Benefits Exhausted?

Comments: _____

NHES Representative

Date

THE AGENCY OR PROGRAM WILL FILL OUT THIS SECTION...

Requesting information for the period of _____ to _____

Agency Name & Representative Name:

Representative Phone #

Ext. # Fax #

Agency Mailing Address:

Representative Email Address: