

**ADAMS HOUSING REHABILITATION PROGRAM (Adams HRP)**

Funded by MASSACHUSETTS COMMUNITY DEVELOPMENT BLOCK GRANT

Town of Adams – 8 Park Street

Adams, MA 01220

Telephone: 413-743-8317

**UNEMPLOYMENT VERIFICATION**

TO: Tel Claims Center  
P. O. Box 9694  
Boston, MA 02114

DATE: \_\_\_\_\_

RE: Dana Ruebesam  
SS #:

ID #:

Dear Sir/Madam:

The individual referenced above has applied for Adams HRP funding assistance. Requirements of the Massachusetts Community Development Block Grant mandate written certification of the applicant's income. Please fill in the following information and return this form to us within one week. A stamped self-addressed envelope is enclosed for your convenience. All information will be kept in strict confidence. Thank you.

Sincerely,

Donna E. Cesan  
Director

\*\*\*\*\*

I HEREBY GIVE PERMISSION TO RELEASE THE REQUESTED INFORMATION.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Social Security Number: \_\_\_\_\_

\*\*\*\*\*

1. Date of Initial Payment: \_\_\_\_\_, 20\_\_\_\_
2. Gross Weekly Payment: \$ \_\_\_\_\_
3. Is claimant eligible for further benefits: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If "YES", how many weeks \_\_\_\_\_ and the amount of \$ \_\_\_\_\_.  
If "NO", termination date of benefits is \_\_\_\_\_.
4. Total duration of benefits is \_\_\_\_\_ weeks.

\_\_\_\_\_  
Authorized Signature/Title

\_\_\_\_\_  
Date