



# WAUKEGAN HOUSING AUTHORITY

*Executive Director/CEO*  
Charles J. Chambers, Jr.

*Chairman*  
Eleanor Murkey

*Vice-Chairman*  
Michelle Obleton

*Commissioners*  
Kittie Harden  
Juan Martinez  
Jesus Gerena

## ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY

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

Illinois Department of Employment  
Security  
800 Lancer Lane  
Grayslake, IL 60030

Applicant/Participant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Social Security# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Applicant/Participant Signature

\_\_\_\_\_  
Date

I hereby authorize the release of the above information regarding my unemployment compensation to the Waukegan Housing Authority.

### PLEASE DO NOT COMPLETE ANYTHING BELOW THE DOTTED LINE

.....  
The above applicant/participant may be receiving income through you. Please provide the following information so we can determine eligibility and rent assistance amount.

1. Date benefits began: \_\_\_\_\_ Date benefits ended: \_\_\_\_\_
2. Anticipated Weeks of Compensation: \_\_\_\_\_. Weekly benefit with Taxes: \$ \_\_\_\_\_
3. Date of benefits 1<sup>st</sup> Check: \_\_\_\_\_
4. Was an extension approved? Yes: \_\_\_\_\_ No: \_\_\_\_\_
5. If so, when was the extension approved? \_\_\_\_\_

The above information was verified by:

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

\_\_\_\_\_  
Date

Initial Intake \_\_\_\_\_ Participant Certification Month \_\_\_\_\_ Interim \_\_\_\_\_