



Caribou Housing Agency

Housing Choice Voucher Program

Municipal Building
25 High Street
Caribou, ME 04736
Telephone (207) 493-4234
Fax (207) 376-0178
www.cariboumaine.org

WHAT TO SUBMIT TO COMPLETE YOUR ANNUAL REEXAMINATION

Carefully complete all enclosed forms and attach required documents. Review your packet, checking off all the items below, before you turn it in. If anything is missing, it will take us longer to process your review.

☐ **INCOME VERIFICATION**

Report ALL sources of income for ALL household members including, but not limited to: (Please note that Caribou Housing Agency may independently verify any information that you provide.)

Type of Income	What to send Caribou Housing Agency
Employment/Job Training	Copies of your most recent two (2) check stubs (in consecutive order) and 2019 W-2
Unemployment Benefits	Copy of your most recent weekly statement, showing remaining balance on claim.
Public/General Assistance (TANF, & State Supplement)	Current copy of DHHS letter. ➤ Must be current within 60 days of submission.
Social Security or SSI	Most recent benefit award letter. 1-800-772-1213. www.ssa.gov ➤ Must be current within 60 days of submission.
Veterans (V.A.) Benefits	Most recent benefit award letter. ➤ Must be current within 60 days of submission.
Worker's Compensation	A statement from Worker's Compensation, insurance company, law firm, etc., which shows your awarded amount. ➤ Must be current within 60 days of submission.
Alimony	A copy of the court order or a statement with the amount and frequency.
Regular Contributions or Gifts from organizations or individuals	For example, your brother gives you \$20 in groceries every week or Mom pays your phone bill every month. Provide a written statement from the organization or individual. ➤ Must be current within 60 days of submission.
Child Support	For support not paid through the Child Support Office submit a statement

	<p>from the non-custodial parent current within 60 days of submission.</p> <p>For support paid through the Child Support Office, submit a 6-month statement showing your benefit amount.</p>
Retirement Benefits/Annuities/Pensions	<p>A statement from the account administrator verifying your gross monthly benefit.</p> <p>➤ Must be current within 60 days of submission.</p>
Trusts	<p>Verification from the trust administrator of the current value of the trusts, the type of trust (irrevocable or revocable), and the date & type of any disbursements over the past twelve months.</p> <p>➤ Must be current within 60 days of submission.</p>
Self-Employment	<p>A copy of scheduled completed for filing federal and local taxes in the preceding year.</p> <p>If self-employed for less than twelve months, must provide documentation of income and expenses for this period.</p>
Student Status/Income	<p>Verification of full or part time student status, tuition expense, financial aid, scholarships, and/or grant income. This is required for all adult household members <u>currently enrolled</u> in school. (Does not include the Head of Household.)</p>

☐ **ASSETTS**

Assets include, but are not limited to: checking accounts, savings accounts, certificates of deposits (COD), IRA's, bonds, trust funds, stocks, 401K, insurance policies, equity in real property, or other financial investments.

Checking Account	Copy of most recent bank statement
Savings Account	Copy of most recent bank statement

☐ **EXPENSES**

Eligibility for expenses and what to submit:

Medical Expenses (insurance premiums, medications, etc.)	If your household's head, co-head or spouse are elderly (62+) and /or disabled and have unreimbursed medical expenses you pay for out of pocket: Complete the enclosed Medical Expense Declaration form. If the form is not enclosed, contact the Caribou Housing Agency to have one mailed to you.
Child Care	If you or an adult member of your household is employed or going to school and pay for child care: Submit a statement from the child care provider. We may contact your provider to verify your expense.
Disability Assistance Expense	<i>If a member of your household (other than head or spouse) is disabled and you must pay out of pocket expenses that are necessary to allow a family member to work:</i> Verification of the type of expense and payments you have made for the last 12 months .

NOTE: Failure to provide any information requested by the Caribou Housing Agency or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition, is a breach in one of the Family Obligations [24 CFR 982.551].

According to HUD's Regulations [24 CFR 982.552(c), 24 CFR 5.2005(c)], the Caribou Housing Agency will terminate a family's assistance if the family fails to comply with any of the Family Obligations under the program.