



# 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](http://www.cariboumaine.org)

## WHAT TO SUBMIT TO COMPLETE YOUR SECTION 8 APPLICATION

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 application, if not denial of the application.

**VERIFICATION OF IDENTITY**

<b>Identification</b>	A copy of a valid Driver's License or picture ID must be provided for all household members who are 18 years of age and older.
<b>Birth Certificate</b>	A readable copy of a Birth Certificate must be provided for all household members.
<b>Naturalization or Immigration</b>	A readable copy of a Naturalization card or Immigration card must be provided for all household members who were not born in the United States.
<b>Social Security Number</b>	A readable copy of a Social Security Card must be provided for all household members.

**ASSETTS** Report all sources of assets for all household members including, but not limited to:

<b>Checking Account</b>	A copy of every household member's most recent bank statement.
<b>Savings Account</b>	A copy of every household member's most recent account statement.
<b>CD's, IRA's, Bonds, Trust Funds, Stocks, 401K</b>	A copy of every household member's most recent statement.

**EXPENSES** Eligibility for expenses and what to submit:

<b>Medical Expenses (insurance premiums, medications, etc.)</b>	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.
<b>Child Care</b>	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.
<b>Disability Assistance Expense</b>	<u>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:</u> Verification of the type of expense and payments you have made <b>for the last 12 months.</b>

**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
<b>Employment/Job Training</b>	Copies of your most recent four paychecks & check stubs.  If household member works seasonally, a copy of the previous year's W-2 and Unemployment Benefit letter must be provided.
<b>Unemployment Benefits</b>	Copy of your most recent weekly statement, showing remaining balance on claim.
<b>Public Assistance (TANF)</b>	Copy of most recent benefit DHHS letter
<b>Social Security or SSI</b>	Most recent benefit award letter. 1-800-772-1213. <a href="http://www.ssa.gov">www.ssa.gov</a>
<b>Veterans (V.A.) Benefits</b>	Most recent benefit award letter
<b>Worker's Compensation</b>	A statement from Worker's Compensation, insurance company, law firm, etc., which shows your awarded amount. <b>Must be current within 60 days of submission.</b>
<b>Alimony</b>	A copy of the court order or a statement with the amount and frequency.
<b>Regular Contributions or Gifts from organizations or individuals</b>	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. <b>Must be current within 60 days of submission.</b>
<b>Child Support</b>	For support not paid through the Child Support Office submit a statement from the non-custodial parent <b>current within 60 days of submission.</b>  For support paid through the Child Support Office, submit a 6-month statement showing your benefit amount.
<b>Retirement Benefits/ Annuities/Pensions</b>	A statement from the account administrator verifying your gross monthly benefit. <b>Must be current within 60 days of submission.</b>
<b>Trusts</b>	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. <b>Must be current within 60 days of submission.</b>
<b>Self-Employment</b>	A copy of scheduled completed for filing federal and local taxes in the preceding year.  If self-employed for less than twelve months, must provide documentation of income and expenses for this period.
<b>Student Status/Income</b>	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 <b>currently enrolled</b> in school.
<b>Food Stamps</b>	A copy of the most recent benefit DHHS letter.