

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

VERIFIATION OF EMPLOYMENT INCOME

Employer:

RE: _____

Dear Sir/Madam:

within its jurisdiction.

As a managing agent, we are required to verify income of all families applying for admission in to subsidized housing, and to periodically re-examine this information. To comply with requirements, we must ask your cooperation in supplying the following person(s) names above. This information will be held in strict confidence, for use only in determining the eligibility status of the family. Your prompt return of this letter will be greatly appreciated. Thank you very much.

Signature:	Date:
. Employed Since:	Last date of Employment:
Occupation:	
Salary: Rate per hour	Average hours/week:
Pay is received (please circle one):	Weekly/Bi-Weekly/Semi-Monthly
Overtime pay/rate per hour	
overtime/week	
Any other compensations not included above (specify	y commissions, bonuses, tips, etc.)
Type: \$	-
Is pay received for vacation? (circle one) Yes/No	Number of days/vacation:
Is pay received for six leave? (circle one) <u>Yes/No</u>	Number of days/year.
. Total base earning s past 12 months \$	
. Total overtime earnings past 12 months \$	
. Is this job: Seasonal? (circle one) Yes/No Weeks	/year? Year Round? (circle on
Yes/No	

 Signature_____
 Company Name: _____

 Printed Name: _____
 Address: ______

 Title: _____
 Date: ______