



***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)

## VERIFICATION OF OTHER INCOME

RE: \_\_\_\_\_

SSN: \_\_\_\_\_

Dear Sir/Madam:

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.

Caribou Housing Agency

**I hereby authorize to release the information requested directly to the housing agency**

Signature: \_\_\_\_\_

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

- ☐ SSI State Supplement .....
- ☐ General Assistance.....
- ☐ Child Support .....
- ☐ Unemployment Maximum Benefit.....
- ☐ Retirement.....
- ☐ Alimony.....
- ☐ Veteran's Benefits.....
- ☐ Other Assistance (Type) .....

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.**

Signature \_\_\_\_\_ Company Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Address: \_\_\_\_\_

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