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| **Verification of Child Care** |
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|  |  |  |  |
|  |  | Fax #: |  |
| Re: |  |
|  |  |  |
| ● MaineHousing is required to verify the expenses of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. ●We will use any information you provide only to determine the family’s eligibility and rent, and pledge to keep the data in strict confidence. ● We would greatly appreciate your prompt return of this letter. Note that the person referenced has authorized your release of the information.**● A return envelope has been enclosed or you may return this form via fax at (207) 624-5713 or by email at section8hcv@mainehousing.org.** ● Thank you for your time, feel free to contact MaineHousing if you have questions or concerns. |
| HCV Department | (207) 624-5789 | section8hcv@mainehousing.org |
|  | Phone  | Email |
| **Name of Person Providing Child Care:** |  |  |
| **Name of Child being Cared for:** |  |  |
| **Amount paid by Parent/Guardian:** | $ |  |
| **Payment Occurs:**  | □Weekly □Bi-Weekly □Monthly □Annually |  |
| **If Rate Varies for Vacation/Summer Amount Paid:** | $ |
| **Vacation/Summer Payment Occurs** | □Weekly □Bi-Weekly □Monthly □Annually |  |
|  |  |  |
| **Signature of Authorized Representative** |  | **Date** |
|  |  |  |
|  **Print Name and Title of Authorized Representative** | **Contact Number** |