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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Verification of Employment** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | **EMPLOYER** | | | | | | | Date: | | |  | | | |
|  | **ADDRESS**  **ADDRESS** | | | | | | | Fax #: | | |  | | | |
| Re: | | |  | | | |
|  | | | | | | | | Last 4 of SSN | | | **XXXX** | | | |
| ● MaineHousing is required to verify the incomes 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 | | | | | |
|  | | | | | | |  | | | | | | | |
| **Hire Date:** | |  | | | | **Hourly Pay Rate:** | | | | | |  | |  |
| **Termination Date:** | |  | | | | **Avg. Hours per Week:** | | | | | |  | |  |
| **Pay Period Occurs: □ Weekly □ Bi-Weekly □ Monthly □ Annually** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Is this Seasonal Work? □ Yes □ No** | | | | | | | | | | | | | | |
|  | | |  | |  | | | | | | | | | |
| **For Seasonal Work List any Known Lay-Off Periods:** | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | |  | |
| **Signature of Authorized Representative** | | | | | | | | | |  | | | **Date** | |
|  | | | | | | | | | |  | | |  | |
| **Print Name and Title of Authorized Representative** | | | | | | | | | | | | | **Contact Number** | |