



25 High Street
Caribou, ME 04736
Telephone: (207) 493-4234
Fax (207) 376-0178
www.caribouhousing.org



VERIFIATION OF EMPLOYMENT INCOME

Employer: _____ **RE:** _____

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 Authority

I hereby authorize to release the information requested directly to the Housing Authority

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 _____ Number of hours
overtime/week _____
Any other compensations not included above (specify commissions, bonuses, tips, etc.)
Type: _____ \$ _____ per _____
Is pay received for vacation? (circle one) Yes/No Number of days/vacation: _____
Is pay received for six leave? (circle one) Yes/No Number of days/year. _____
- Total base earnings past 12 months \$ _____
- Total overtime earnings past 12 months \$ _____
- Is this job: Seasonal? (circle one) Yes/No Weeks/year? _____ Year Round? (circle one)
Yes/No

WARNING: Section 1001 of Title 18 of the U.S. Code makes is 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: _____