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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** | |