|  |
| --- |
| **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** |