

**Fort Fairfield Housing Authority**

**18 Fields Lane**

**Fort Fairfield, Maine 04742**

Tel: (207) 476-5771 Fax: (207) 476-5450

**EMPLOYMENT INCOME VERIFICATION:**

DATE: _____
RE: _____
ADDRESS: _____
SOCIAL SECURITY # _____

Dear Sir/Madam:

As managing agent, we are required to verify the income of all families applying for admission into subsidized housing, and to periodically re-examine this information. To comply with requirements, we must ask your cooperation in supplying the following information for the person named 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.

Sincerely,

Occupancy Specialist

<b>Signature for Release of Information:</b> _____
<b>Employed since:</b> _____ <b>Occupation:</b> _____
<b>Salary:</b> _____ <b>Rate per hour: \$</b> _____
<b>Overtime rate per hour:</b> _____ <b>Date present rate became effective:</b> _____
<b>Average hours worked per week:</b> _____ <b>Average overtime hours per week:</b> _____
<b>Other compensation not listed above (tips, commissions, bonuses, etc.):</b> <b>for:</b> _____ <b>\$</b> _____ <b>Per</b> _____ <b>(day/wk/molyr)</b>
<b>Is pay received for vacation?</b> _____ <b>No. of vacation days per year:</b> _____
<b>Is pay received for sick days?</b> _____ <b>No. of sick days per year:</b> _____
<b>Total pay received during past twelve (12) months: \$</b> _____
<b>Name of Company</b> _____ <b>Signature:</b> _____
<b>Address</b> _____ <b>Title:</b> _____
<b>Telephone</b> _____ <b>Date:</b> _____