

Verification of Child Care Expenses

Applicant/Tenant Name _____ Date _____

Address _____ Phone _____

_____ Social Security # _____

The person named above is an applicant for the Statewide Housing Assistance Payments Program. HUD eligibility regulations require a verification of income, expenses and other information related to applicant/tenant eligibility. The applicant/tenant has authorized by signing below, the release of the requested information. The information you provide will remain confidential and will be used only to determine program eligibility and portion of rent. THIS FORM MUST BE FILLED OUT AND SIGNED BY THE OWNER, MANAGER OR OTHER PERSONNEL AUTHORIZED TO GIVE SUCH INFORMATION.

Thank You,

Phone Verification
Date/Initials

MCHA Representative

I, _____, hereby authorize _____
Client's Name Child Care Provider
to release the information requested below regarding my child care expenses.

Signature _____ Date _____

To be completed by Child Care Provider:

I hereby certify that I/my agency provide(s) childcare for the family identified above.

Name(s) of child/children: _____

Date child(ren) started with child care provider ____/____/____

Is family on a childcare assistance program? Yes ___ No ___ If yes, what program? _____

If family **is** on a childcare assistance program, how much is their monthly benefit? _____

Rate family **actually pays** during school year: \$ _____ (hour) \$ _____ (week) \$ _____ (month)

Rate family **actually pays** during summer vacation: \$ _____ (hour) \$ _____ (week) \$ _____ (month)

I certify that the above information is true and correct.

Name of Child Care Provider

Address

City, State Zip

Telephone Number

Signature of Child Care Provider

Date

Additional Comments:

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.