

CHILD CARE VERIFICATION

_____ Apartments

Phone: _____

Fax: _____

Federal law and regulations require us to verify the sources and amounts of all expenses of applicants for admission as tenants to our federally assisted housing program and to reexamine periodically the expenses of existing tenant families. All information is confidential and will be used only in determining eligibility for rental assistance. Your assistance and prompt response will be appreciated.

Sincerely,

Site Manager

I, _____ hereby authorize release of the requested information to

Tenant Signature: _____ Date: _____

Child Care Provider Information

Name: _____

Date: _____

Address: _____

Telephone: _____

Signature: _____

Social Security Number or Business Fed I.D. Number: _____

Child's Full Name

Social Security Number

Day(s): _____

Hours per day(s): _____

Time (from-to): _____

Charge per day: _____

Charge per week: _____

Charge per year: _____

Total amount **received** for last 12 month period: _____

Child's Full Name

Social Security Number

Day(s): _____

Hours per day(s): _____

Time (from-to): _____

Charge per day: _____

Charge per week: _____

Charge per year: _____

Total amount **received** for last 12 month period: _____

The above information is accurate and current to the best of my knowledge. Submittal of false statements of information is punishable under federal and state law.