



HOME Tenant Based Rental Assistance

VERIFICATION OF CHILD CARE EXPENSE

RE: _____ Social Security Number: _____
Participant's Name (print)

The individual referenced above is a participant in a federally assisted housing program. Federal regulations require that we verify expenses paid for the care of dependent children enabling the family member to be employed or to attend school. The amounts provided must be paid out-of-pocket by the participant and may not be reimbursed from another source. Thank you for your assistance.

By signing below I authorize the release of this information and certify that I am not reimbursed from any source for the amount paid.

Participant's Signature Date

By signing below, I certify that I provide child care services for the above-referenced participant and receive the amount of compensation stated. Please complete all information requested.

Names of children for which child care is provided:

Name Age Name Age

Name Age Name Age

Do you receive copayments from the state or any other source for this participant's child care? Yes No

If yes, base amount \$ _____ Participant portion \$ _____ Copayment portion \$ _____

I receive \$ _____ each **week** for services **OR** I receive \$ _____ each **month** for services.

Date you began to provide child care for this participant: _____

Payment is made by: Check Cash Number of hours child care is provided each day: _____

If the amounts received for child care during holidays, vacations, etc., please provide dates and amount received:

I certify that this information is accurate.

Signature of Child Care Provider Name (print)

Agency Name (if applicable) Telephone Number

Address City State Zip

Please return form to:

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the United States or to any matter within its jurisdiction.