

Columbia County Housing Authority

Verification of Child Care Expense

A signed HUD form authorizing release of pertinent information regarding income, household composition, expenses and all other documentation is on file and available upon request, for the following person.

NAME: _____ DATE: _____

This verifies that I provide childcare for _____

(Parents Name)

Names of Children (1) _____ (4) _____

(2) _____ (5) _____

(3) _____ (6) _____

I am paid at the rate of \$ _____ per () week; () day; () month. Please indicate **ONLY** the amount paid by the CLIENT, **DO NOT include amount paid by other sources**. I started caring for the child/children on _____ {Date}.

The total amount paid for the childcare since the above date by the parent or guardian listed above is \$ _____. (This is to determine if the child is being cared for on a regular basis.)

COMPLETE THIS SECTION IF CHILD CARE IS ON A IRREGULAR BASIS ONLY.

I am paid at the hourly rate of \$ _____ per hour at _____ per week.
(Average number of hours)

() During school year only. () continuously.

NAME OF DAYCARE _____

SIGNED _____ **DATE** _____

ADDRESS _____

PHONE (_____) _____

PLEASE RETURN THIS FORM TO: Columbia County Housing Authority
498 SW Juniper Way
Lake City, FL 32025
(386) 752-4227
(386) 752-4229 Fax

FLORIDA LAW, CHAPTER 414.39 F.S. MAKES IT A CRIME TO GIVE FALSE INFORMATION TO GET HOUSING, TO GET A LOWER RENT, OR TO RECEIVE AID OR BENEFITS UNDER ANY STATE OR FEDERALLY FUNDED ASSISTANCE PROGRAM. WARNING: YOU CAN BE FINDED UP TO \$5,000 OR IMPRISONED UP TO 5 YEARS OR BOTH, FOR VIOLATION OF THE ABOVESTATED LAW.