

# CLARKSVILLE HOUSING AUTHORITY

## Housing Authority CHILD CARE VERIFICATION

TO WHOM IT MAY CONCERN: Public Housing Authorities are required by Federal Law to verify any child care costs paid by their residents so that the costs may be taken into consideration when rent is computed for the family. You will note that the head of household has signed a release below, giving you permission to provide us with this information. If you could fill out the form below and return it in the self-addressed stamped envelope, at your earliest convenience, it would be most appreciated.

Sincerely yours, CHA Management

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### VERIFICATION

I hereby certify that I provide care for (first names of children cared for): \_\_\_\_\_

Who reside in the household of (person signing the release below).

I care for the children so that a family member can: (check as applicable)

Work

Go to School

In the year beginning \_\_\_\_\_ and ending \_\_\_\_\_, I will be caring for the child(ren) \_\_\_\_\_ hours per week for \_\_\_\_\_ weeks per year.

My rate of pay is \_\_\_\_\_ per week and I will be paid:

once a week

every two weeks

once a month

Care during the week will be offered as follows:

Monday: \_\_\_\_\_ hours

Tuesday: \_\_\_\_\_ hours

Wednesday: \_\_\_\_\_ hours

Thursday: \_\_\_\_\_ hours

Friday: \_\_\_\_\_ hours

Saturday: \_\_\_\_\_ hours

Sunday: \_\_\_\_\_ hours

Business Name: \_\_\_\_\_

Date: \_\_\_\_\_

(Or Print Name of Child Care Attendant)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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### TENANT/APPLICANT RELEASE

I, \_\_\_\_\_, hereby authorize the release of the requested information.

Signature

Date