

VERIFICATION OF CHILD CARE EXPENSES

Name of Caseworker: _____

Tenant Name: _____

Address: _____
Street City State Zip Code

I hereby grant my permission to release the information requested below regarding child care expenses to the Macon-Bibb County Housing Authority.

Signed: _____ Date: _____

This is to verify that I provide child care for: _____
Parent's Name

Name and age of child/children: _____

I am paid at the rate of: _____ per week _____ semi-monthly
 _____ bi-weekly _____ monthly

SECTION A: If you are a LICENSED child care provider, please complete this section.

Signed: _____ Date: _____
 Company Name: _____ Phone: _____
 Address: _____

SECTION B: If you are an UNLICENSED child care provider, please complete this section.

Signed: _____ Date: _____
 Address: _____ Phone: _____
 _____ SSN: _____

NOTE: SECTION B MUST BE NOTARIZED

Sworn to and subscribed before me this
 ____ day of _____, 20____.

 NOTARY PUBLIC
 My commission expires:_____.

REMINDER: CHILD CARE PROVIDER INCOME IS TAXABLE INCOME BY FEDERAL LAW.

WARNING! Title 18, Section 1001 of the United States Code, states a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States government.