



VERIFICATION OF CHILD CARE EXPENSES

Section 8
Public Housing

Name of Caseworker or RSC:

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 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.