☐ Section 8



VERIFICATION OF CHILD CARE EXPENSES

Nai	Name of Caseworker or RSC:			
Tenant Name:				
Address:	City	State	Zip Code	
I hereby grant my permission to release the info	ormation request	ed below re	egarding child care	
Signed:	Date:			
This is to verify that I provide child care for:				
Name and age of child/children:	ent's Name			
I am paid at the rate of: per weel	k 🗌	semi-	-monthly	
bi-weekl	y 🗆	mont	hly	
SECTION A: If you are a LICENSED child care	provider, pleas	e complete	this section.	
Signed:	Date:	Date:		
Company Name:	Phone	:		
Address:				
SECTION B: If you are an UNLICENSED child	care provider, p	lease com _l	plete this section.	
Signed:	Date:	Date:		
Address:	Phone	Phone:		
NOTE: SECTION B MUST BE NOTARIZED	Sworn ${20}$.		cribed before me this	
	NOTAF	RY PUBLIC		
			oires:	

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.