

THE HOUSING AUTHORITY OF THE CITY OF CHARLESTON
HOUSING CHOICE VOUCHER OFFICE
550 MEETING STREET
CHARLESTON, SC 29403
Telephone (843) 723-4491 Fax (843) 720-5349 TDD (843) 720-3685

VERIFICATION OF CHILDCARE EXPENSES

Name: _____

Address of Source: _____

RE: _____ SSN: _____

Applicant Address _____ City, State _____ Zip Code _____

The individual named above is an applicant for housing assistance that is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses, and other information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self-addressed envelope has been included for your convenience. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

Sincerely,

Housing Choice Voucher Specialist

I _____ hereby authorize _____ to release the information requested below.

Signature _____ Date _____

TO BE COMPLETED BY THE CHILD CARE PROVIDER

This is to certify that I provide childcare for the family identified above.

1. Name(s) of child(ren): _____

2. I am paid at the rate of \$ _____ hour during the school year
\$ _____ week during the school year
\$ _____ month during the school year

3. I am paid at the rate of \$ _____ hour during school vacations
\$ _____ week during school vacations
\$ _____ month during school vacations

4. If paid on an hourly basis, how many hours per week do you provide childcare?
During the school year _____ hours per week
During school vacation _____ hours per week

I certify that the above information is true and correct.

Name of Child Care Provider Signature of Child Care Provider and Date

Address _____ City, State _____ Zip Code _____
Telephone # _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

