

Montgomery County Housing Authority
Verification of Childcare Expenses

Applicant/Tenant _____ Date _____
Address _____ Tel _____
_____ SS# _____

The person named above is an applicant/participant for the Housing Choice Voucher Program. HUD eligibility regulations require a verification of income, expenses and other information related to applicant/participant eligibility. The applicant/participant has authorized by signing below, the release of the requested information. The information provided will remain confidential and will be used only determine program eligibility and portion of rent.

THIS FORM MUST BE COMPLETED AND SIGNED BY THE OWNER, MANAGER OR OTHER PERSONNEL AUTHORIZED TO GIVE SUCH INFORMATION.

PHA USE ONLY:
Phone Verification
Date: _____
Initials: _____

Thank you,
Montgomery County Housing Authority
Tel: 936-539-4984 / Fax: 936-539-4758

I, _____, hereby authorize _____
Client Name Provider

to release the requested information below regarding my childcare expenses.

Signature

Date

To be completed by Childcare Provider:

I hereby certify tha I/my agency provide(s) childcare for the family identified above.

Name(s) of child / children: _____

Date child(ren) started with childcare provider: _____

Is family participating in a childcare assistance program: Yes / No Program: _____

If yes to above question, how much is their monthly benefit: _____

Rate family *actually pays* during school year: \$ _____ Week / Month

Rate family *actually pays* during school year: \$ _____ Week / Month

I certify the above information is true and correct.

Childcare Provider Name

Address City, State, Zip

Telephone Number Email Address

Authorized Representative Signature Printed Name

Additional Comments: _____

WARNING: Section 1001 of Title 18 of the U.S. Code make it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.