

972-423-4928 PHONE
972-516-0251 FAX

Section I

CHILD CARE EXPENSE VERIFICATION

Name and Address of Child Care Provider:

I/We, _____, authorize my child care provider to release the following information to the Plano Housing Authority

Signature of Head of Household

Date

Section II

The following information is to be completed by the child care provider:

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

1. Name(s) of child/children:

2. During the school year: the amount the family actually pays is:

\$ _____ per day \$ _____ per week \$ _____ per month

3. During school vacation: the amount the family actually pays is:

\$ _____ per day \$ _____ per week \$ _____ per month

4. If paid on an hourly basis, how many hours per week do you provide child care?

During the school year: _____ hours per week

During school vacation: _____ hours per week

Certification: I certify that the above information is true and correct.

Signature of Child Care Provider

Date

Title

Telephone Number

WARNING: Section 1001 of Title 18 of the U.S. Code makes 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.

PHA USE: