



**CHILDCARE EXPENSE VERIFICATION**

Name of Childcare Professional: \_\_\_\_\_

PLEASE RETURN FORM TO:

Address: \_\_\_\_\_

\_\_\_\_\_

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance

\_\_\_\_\_

NAME: \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

The above named person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/resident has consented to this release of information as shown below.

*Area to be completed by Child Care Professional*

Please list the Names and Age(s) of the Child(ren) in your care, the number of hours each week they are in your care, and the amount paid for each child.

<b>Name</b>	<b>Age</b>	<b>Number of Hours/Week</b>	<b>Amount paid:</b>
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Please indicate if this is paid hourly, weekly, or monthly

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is any part of the amount paid to you reimbursed by an outside agency? \_\_\_\_\_ If yes, how much is reimbursed \_\_\_\_\_

\_\_\_\_\_  
Name and Title of Person  
Supplying the Information

\_\_\_\_\_  
Firm/Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note to Applicant/Resident:** You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 USC 208 a(6)(7) and (8). Violations of these provisions are cited as violations of 42 USC 408 a(6)(7) and (8).

This program provides housing assistance on an Equal Opportunity basis. We do not discriminate on the basis of race, color, religion, sex, familial status, national origin, or disability in the admission and/or access to any programs and activities. TTY users can call the office using their state relay center 711.