



JACKSON HOUSING AUTHORITY
 2747 LIVINGSTON ROAD JACKSON, MS 39213
 P.O.BOX 11327 JACKSON, MS 39283
 PHONE: 601-362-0885 FAX: 601-982-4733

CHILD CARE EXPENSE VERIFICATION FORM

Name of Child Care Provider: _____

Address: _____

SUBJECT: Verification of Information Supplied by Applicant/Tenant for Housing Assistance.

NAME: _____

ADDRESS: _____

PLEASE RETURN FORM TO:

Jackson Housing Authority
 HCV Department
 2747 Livingston Road
 Jackson, MS 39213

This person has applied for housing assistance under a program provided by the U.S. Department of Housing and Urban Development (HUD). HUD requires the Public Housing Agency to verify all information used in determining this person's eligibility or level of benefits. In order to give them a deduction on their rent amount, it is necessary to verify the amount of the childcare expenses that they incur.

We ask your cooperation in providing the following information and returning it to the above address. Your prompt return of this document will help ensure timely processing of the request for assistance. The applicant/tenant has consented to this release of information as shown below.

**To Be Completed by Child Care Provider
 (Please complete each question)**

1. List the Name(s) and Age(s) of the Child(ren) in your care: _____ Age: _____
 _____ Age: _____
 _____ Age: _____
 _____ Age: _____
2. List the amount paid for child care and how often this amount is paid:
 - a. Per hour \$ _____ Number of hours in your care weekly: _____
 - b. Per week (if rate is paid as a weekly amount) \$ _____
 - c. Per month (if rate is paid as a monthly amount) \$ _____
3. Is the full amount paid to you by the family? Yes or No
4. Is the amount paid to you subsidized by another agency?
 - a. If yes, list amount \$ _____ and Agency Name _____

By signing below, I certify that the above information is accurate and understand that providing false statements to a government agency is punishable under federal law.

 Name and Title of Person Supplying the Information

 Facility/Organization/Individual Name

 Signature

 Date

APPLICANT/TENANT RELEASE

By signing below, I hereby authorize the release of the requested information to the Jackson Housing Authority. All information received by JHA is confidential and used in determining eligibility or level of benefits. In addition to the authorization of release by signing below, I am verifying that I meet the qualifications to receive the Child Care Expense Deduction. Children listed are under 13 years of age and the child care is necessary for a family member to: seek work, pursue education, or to be gainfully employed.

 Signature

 Date

JHA OFFICE USE ONLY

Date Completed Form Received: _____ By Staff Member: _____

Expense Verified? Yes No Comments: _____