

St. Joseph County Housing Authority

CHILDCARE VERIFICATION

VERIFICATION OF AMOUNT PAID FOR CHILDCARE OF CHILDREN OR DEPENDENT PERSON(S)

This entire childcare form is to be filled out by the CHILDCARE PROVIDER.

Name of Childcare Provider	Name of Parent
Street Address	Street Address
City, State, Zip	City, State, Zip
Phone Number	Phone Number

I hereby certify that I provide childcare on the following days for the hours indicated below for the following children:

Days (Check as required):

Day	Hours from	(circle)	Hours to	(circle)
Monday		AM/PM		AM/PM
Tuesday		AM/PM		AM/PM
Wednesday		AM/PM		AM/PM
Thursday		AM/PM		AM/PM
Friday		AM/PM		AM/PM
Saturday		AM/PM		AM/PM
Sunday		AM/PM		AM/PM

Total Hours Per Week: _____

Total amount charged to family for childcare
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ACTUAL amount received for care from FAMILY

AMOUNT received from 3 rd party (Agency or Individual) on behalf of family for childcare

Signature of Childcare Provider:	Date:
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WARNING: 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 FRADULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT, ALSO AMOUNTS RECEIVED FROM PROVIDING CHILDCARE ARE REPORTABLE TO THE INTERNAL REVENUE SERVICE.

THIS PORTION OF THE CHILDCARE VERIFICATION IS TO BE COMPLETED BY THE PARENT.

ANSWER EACH QUESTION COMPLETELY:				YES	NO
Is childcare for children under 13 years of age?					
Does childcare enable an adult family member to work? (If yes, complete below)					
Member's Name:					
Employer Name:					
Hours worked per day:		Hours worked per week:			
Day	Hours from	(circle)	Hours to	(circle)	
Monday		AM/PM		AM/PM	
Tuesday		AM/PM		AM/PM	
Wednesday		AM/PM		AM/PM	
Thursday		AM/PM		AM/PM	
Friday		AM/PM		AM/PM	
Saturday		AM/PM		AM/PM	
Sunday		AM/PM		AM/PM	
Does childcare enable a family member to seek employment?					
Does childcare enable a family member to attend vocational or academic courses?					
Member's Name:					
School's Name:					
Hours per day at school:		Days of week:			
Are childcare costs paid to someone in your household? (Complete name of provider below)					

Childcare provider name:
Address:
Phone:

Is there an adult member of your household capable of providing childcare during the hours care is required?		
Do you receive reimbursement for childcare costs, vouchers to pay childcare costs, or reductions in childcare costs from a third party or agency?		
Do you certify the above statements as representing a true and accurate statement regarding your household circumstances related to childcare?		
Do you understand that the above statements are subject to third party verification?		

Signature of Applicant/Tenant	Date:
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SJCHA
 PO Box 425 107 W Center St
 North Liberty, IN 46554
 Phone 574-656-3545
 Fax 574-656-3545
 Email: mail.sjcha@gmail.com

