Buford Housing Authority CHILD CARE VERIFICATION

TO WHOM IT MAY CONCERN: Public Housing Authorities are required by Federal Law to verify any child care costs paid by their residents so that the costs may be taken into consideration when rent is computed for the family. You will note that the head of household has signed a release below, giving you permission to provide us with this information. If you could fill out the form below and return it at your earliest convenience, it would be most appreciated.

Sincerely yours,

VERIFICATION		
I hereby certify that I provid	e care (first names of childre	en cared for) for
who reside in the household	of (person signing the releas	se below).
I care for the children so tha	t a family member can: (che	ck as applicable)
☐ Work	Go to school	
In the year beginning	and ending	, I will be caring for the child(ren)hours
per week,and I will be paid:	weeks of the year.	My rate of pay is per hour,
once a week	every two weeks	once a month
Care during the week will be	e offered as follows:	_
	Monday:	hours
	Tuesday:	hours
	Wednesday:	hours
	Thursday:	hours
	Friday:	hours
	Saturday:	hours
	Sunday:	hours
Facility/Center Name:	Date:	
Name:	Title:	
Signature:		Phone #:
TENANT/APPLICANT I	RELEASE	
I,	, hereby	authorize the release of the requested information.
Signature	Date	