

VERIFICATION OF CHILD CARE OR ATTENDANT CARE COSTS

Name of Head of Household

I authorize my childcare or attendant care provider to release childcare or attendant care information to the

Bloomington Housing Authority.

Client Signature

Date

TO BE COMPLETED BY CHILDCARE OR ATTENDANT CARE PROVIDER:

I, _____, who reside at: Street Address

City/State/Zip _____ do hereby certify that I provide care on the following days for the

hours indicated for the following children or dependent persons:

Name Age Circle days cared for From: To: Hours

_____ M T W Th F S Su AM/PM AM/PM

_____ M T W Th F S Su AM/PM AM/PM

_____ M T W Th F S Su AM/PM AM/PM

_____ M T W Th F S Su AM/PM AM/PM

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Total hours: _____ () per week () per month

Cost of care to the family: \$ _____ () per week () per month

Amount paid by the family: \$ _____ () per week () per month

Estimated cost of care for the upcoming 12 months: \$ _____ (Include full-time summer care of school children if applicable)

Signed this, the _____ day of _____, 20____

Signature of Care Provider _____ Relationship to parent (if any) _____

Important: This form must be executed whenever a deduction from income is made.

Warning: Section 1001 of Title 13 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.

PLEASE RETURN OR FAX THIS FORM TO:

Bloomington Housing Authority
1007 N. Summit
Bloomington, IN 47404

Fax Number: (812) 339-7177