

City of McDonough Housing Authority
P.O. Box 23, McDonough, GA 30253
PHONE#: (770) 957-4494 FAX: (770) 957-1593

CHILD CARE EXPENSES VERIFICATION
Organization or Institution Provides Care

Re: _____ Date: _____

Dear Sir/Madam:

We are required to verify the expenses of all family members living in or applying for public housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confident.

Name (s) and age (s) of child (ren) cared for:

- | | | | |
|----------|-------|----------|-------|
| 1. _____ | _____ | 4. _____ | _____ |
| 2. _____ | _____ | 5. _____ | _____ |
| 3. _____ | _____ | 6. _____ | _____ |

Child care is provided on the following days for the hours indicated:

Monday: _____ hours	Tuesday: _____ hours
Wednesday: _____ hours	Thursday: _____ hours
Friday: _____ hours	Saturday: _____ hours
Sunday: _____ hours	

Total hours per week: _____ Total hours per month: _____
Cost of Care: \$ _____, per _____ week _____ month _____ year
Estimated cost of care to the family for the upcoming 12 months: _____

Name of individual or program providing child care services for this family:

Address: _____

Signature of Childcare Provider

Date

TENANT/APPLICATION RELEASE

I, _____, hereby authorize the release of the requested information.

Signature

Date

FORM MUST BE NOTARIZED