



LONOKE COUNTY HOUSING AUTHORITY

PO Box 74
617 North Greenlaw
Carlisle, Arkansas 72024

Phone: 870-552-3554

Fax: 870-552-3555

HCO/TTY 1-800-285-1131

VERIFICATION OF CHILD-CARE EXPENSES

I authorize (child care provider) \_\_\_\_\_ to release information necessary to verify my child-care expenses to Lonoke County Housing Authority.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ATTENTION: Applicant/Tenant do no write below line.

To Be Completed By Child Care Provider

This is to certify that I provide child-care for the family above.

1.Names of Child or Children

Blank lines for child names

2. During the school year, rate paid: \$ \_\_\_\_\_ hour, \$ \_\_\_\_\_ week, or \$ \_\_\_\_\_ month

3. During school vacation, rate paid: \$ \_\_\_\_\_ hour, \$ \_\_\_\_\_ week, or \$ \_\_\_\_\_ month

4. If paid on an hourly basis, number hours care is provided during school? \_\_\_\_\_

5. To the best of my knowledge, child-care is paid by: \_\_\_\_\_

6. Date child care started: \_\_\_\_\_

I certify that the above information is true and correct.

Name of Business/Provider: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Person completing form: \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Warning: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

We do business in accordance with the Federal Fair Housing law. It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin.