

NEWPORT HOUSING AUTHORITY
945 Hout Circle
Newport, AR 72112
Phone: 870-523-2195 / Fax: 870-523-2232

VERIFICATION OF CHILD-CARE EXPENSES

I authorize (child care provider) _____, to release information necessary to verify my child-care expenses to Newport Housing Authority.

Name: [TENANTNAME]

Signature: _____ Date: _____

ATTENTION: Applicant/Tenant do not 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

2. During the school year, amount paid: \$ _____ hour, \$ _____ week, or \$ _____ month

3. During school vacation, amount 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. Is payment paid to you by a Voucher through DHS? YES _____ or NO _____

7. 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.