

CHILD CARE VERIFICATION

Date:

TO:

Child Care Provided To:

FROM: Stark County Housing Authority
P.O. Box 107
Dickinson, ND 58602-0107

This person has applied for housing assistance under a program of the US Department of Housing and Urban Development (HUD) or USDA - Rural Development and reports income and deductions. HUD and/or Rural Development requires the housing owner to verify all information that is used in determining this persons eligibility or level of benefits.

We ask your cooperation in providing this information and returning it to the address above. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown.

RETURN THIS VERIFICATION TO THE PERSON/HOUSING PROJECT LISTED ABOVE

CHILD CARE EXPENSES

Please indicate current child care expenses:

\$ _____ per hour. Number of hours per week _____

If paid by the week, \$ _____ per week.

If paid by the month \$ _____ per month

Amount or percentage paid by an outside source \$ _____ or _____ % per month.

Additional information _____

Signature of authorized representative completing this form

Date

Telephone Number