



Alachua County Housing Authority

Gail Monahan, Executive Director
 703 N.E. 1st Street · Gainesville, FL 32601
 (352) 372-2549 · Fax (352) 373-4097

Date: _____

CHILD CARE EXPENSE VERIFICATION	
<i>The information on this form is used to validate childcare expenses for housing purposes. The information on this form must be completed in FULL and NOTARIZED to be valid.</i>	
Child Care Provider's Name:	
Address:	
City, State, Zip Code:	
Re Client:	
S.S. #:	

We are required by law to verify the income and expenses of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the above referenced person. **Thank you for your cooperation.** If you have any questions, don't hesitate to contact us at (352) 372-2549 or fax (352) 373-4097.

TO BE COMPLETED BY CHILDCARE PROVIDER:				
Name of Child	Age	# HRS/day	#Hrs./Week	Cost Per Month
1.				\$
2.				\$
3.				\$
			Total Monthly Charge:	\$
_____ Print Name			_____ Address	
_____ S.S. # or I.D. # of Provider			_____ City, State, Zip Code	
_____ Signature & Date			_____ Contact No	

****Resident Certification AND NOTARIZATION MUST BE COMPLETED on reverse to be valid.**



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CLIENT CERTIFICATION OF CHILDCARE EXPENSES

I sign this deceleration with full knowledge that I understand that false statements of information **ARE PUNISHABLE UNDER STATE AND FEDERAL LAW.**

I certify that the information given to the Alachua County Housing Authority Agency on my child care expenses is accurate and complete to the best of my knowledge and belief.

I also understand that a false statement of information is considered fraudulent and is grounds for **TERMINATION OF HOUSING ASSISTANCE and TERMINATION OF TENANCY.**

Warning: Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to # 10,000.00; imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

Print Name

Signature

Date

State of _____ County Of _____.

Before me personally appeared _____ who acknowledged to me that he/she executed the foregoing instrument this _____ day of _____, 200____.

Notary Public

My Commission Expires:

(Notary Seal)