

NORWALK HOUSING AUTHORITY

HOME DAY CARE (Home Providers)

(Complete only if your child is cared for in a home setting)

Housing Applicant: Complete ONLY sections with X

To Whom It May Concern: Public Housing Authorities are required by Federal Law to verify my child care costs paid by their residents so that costs may be taken into consideration when rent is computed for the family. You will note that the head of household has signed a release below, giving you permission to provide us with this information. If you could fill out this form below and return it in the self-addressed stamped envelope, at your earliest convenience, it would be most appreciated.

Sincerely yours,

Racquel James, Admissions Specialist

VERIFICATION

I hereby certify that I provide care (first names of children cared for) for _____

Who reside in the household of (person signing the release below).

I care for the children so that a family member can : (check applicable)

Work Go to School

In the year beginning _____ and ending _____, I will be caring for the child(ren) _____ hours/week, _____ weeks of the year.

My rate of pay is _____ per hour, and I will be paid:

weekly bi-weekly monthly

Care during the week will be offered as follows:-

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

Name: _____

Date: _____

Signature: _____

Phone #: _____

Title: _____

X TENANT/APPLICANT RELEASE:

I _____ hereby authorize the release of the requested information.

Signature

Date

Rev 8/08

