



ROSENBERG HOUSING AUTHORITY
117 LANE DR., SUITE 18
ROSENBERG, TX 77474
PHONE: (281) 342-1456
FAX: (281) 232-2920

VERIFICATION OF CHILD CARE EXPENSE
(RECERT ___/INTERIM ___/WAITING LIST ___)

Federal law and regulations require us to verify the sources and amounts of all expenses of participants for our federally assisted Section 8 Housing Program and, to examine periodically the expenses of the families. All information is confidential and will be used only in determining eligibility for rental assistance.

Your assistance and prompt response will be appreciated.

I hereby give my consent to the release of information to the above regarding child care expenses.

 Participant Signature Date _____

.....

I/this Agency provide(s) child care for _____. This child care is performed as follows for the following children:

Please check one:

- Friend/Relative Registered Day Care Registered Home

Name of Children

I am paid at the rate of \$ _____ () per week () per month during the school year.

I am paid at the rate of \$ _____ () per week () per month during the school vacation.

Are any of the above rates reimbursed by other agencies and/or person (s) () Yes () No
 If yes by whom _____ and how much \$ _____

The above information is accurate and current to the best of my knowledge. Submittal of false statements of information are punishable under federal and state law.

Date: _____ Print Name: _____

Telephone: _____ Signature: _____

Social Security / Federal Tax Id Number: _____

OFFICE HOURS: Monday through Thursday 9:00 to 12:00 a.m. and 1:00 to 5:00 p.m.