

CHILD CARE EXPENSE VERIFICATION FORM

NAME OF CHILD CARE PROVIDER: _____
ADDRESS: _____

SUBJECT: *Verifications of Information Supplied by an Applicant/ Tenant for Housing Assistance*

NAME: _____
ADDRESS: _____

PLEASE RETURN FORM TO:

Anniston Housing Authority
P.O. Box 2225
Anniston, AL 36202
Fax: 256-403-1520

Email: hcvclerk@annistonhousing.org

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask for your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicante/ tenant has consented to this release of information as shown below.

AREA TO BE COMPLETED BY CHILD CARE PROVIDER (Please answer all questions. Answer N/A if the question does NOT apply.)

1. List the Names and Age(s) of the Child(ren) in your care:

Name: _____	Age: _____
_____	Age: _____
_____	Age: _____
_____	Age: _____
_____	Age: _____

2. List the hours of the day and circle the days of the week the child(ren) is in your care:

S M T W T F S

3. List the amount paid for child care and how often this amount is paid:

Per Hour \$ _____ Number of hours in your care weekly: _____ OR
Per Week (if rate is paid as a weekly amount) \$ _____ OR Per Month (if rate is paid as a monthly amount) \$ _____

4. Is the amount paid to you reimbursed by an outside agency? Yes No If yes, how much is reimbursed? \$ _____

Name and Title of Person Supplying the Information _____	Firm/Organization Name _____
_____	_____
_____	_____
Signature _____	Date _____

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature: _____ Date: _____

NOTE TO APPLICANTE/TENTANT: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

PENALTIES FOR MISUSING THIS CONSENT: Title 18 section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participate may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participate affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 U. S. C. 408 (a) (6), (7), and (8).

Please Return the Form of the Address listed above. Thank You .

