

THE HOUSING AUTHORITY OF THE CITY OF CHARLESTON  
HOUSING CHOICE VOUCHER OFFICE  
550 MEETING STREET  
CHARLESTON, SC 29403  
Telephone (843) 723-4491 Fax (843) 720-5349 TDD (843) 720-3685

VERIFICATION OF CHILDCARE EXPENSES

Name: \_\_\_\_\_

Address of Source: \_\_\_\_\_

RE: \_\_\_\_\_ SSN: \_\_\_\_\_

Applicant Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

The individual named above is an applicant for housing assistance that is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses, and other information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self-addressed envelope has been included for your convenience. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

Sincerely,

Housing Choice Voucher Specialist

I \_\_\_\_\_ hereby authorize \_\_\_\_\_ to release the information requested below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY THE CHILD CARE PROVIDER**

This is to certify that I provide childcare for the family identified above.

1. Name(s) of child(ren): \_\_\_\_\_

2. I am paid at the rate of \$ \_\_\_\_\_ hour during the school year  
\$ \_\_\_\_\_ week during the school year  
\$ \_\_\_\_\_ month during the school year

3. I am paid at the rate of \$ \_\_\_\_\_ hour during school vacations  
\$ \_\_\_\_\_ week during school vacations  
\$ \_\_\_\_\_ month during school vacations

4. If paid on an hourly basis, how many hours per week do you provide childcare?  
During the school year \_\_\_\_\_ hours per week  
During school vacation \_\_\_\_\_ hours per week

I certify that the above information is true and correct.

\_\_\_\_\_  
Name of Child Care Provider Signature of Child Care Provider and Date

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone # \_\_\_\_\_

**Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**

