



The Aurora Housing Authority™

### CHILD CARE VERIFICATION

I hereby authorize the release of the requested information to the Aurora Housing Authority. Income information will be used to determine eligibility and/ or level of benefits

Applicant/ Participant Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**TO BE COMPLETED BY CHILD CARE PROVIDER**

The person referenced above is an applicant for or recipient of rental assistance subsidized by U.S. Department of Housing and Urban Development. Federal regulations require the verification of all information used in determining eligibility and/ or level of benefits. In order to complete this process we ask your cooperation in providing the information requested below and **promptly return it to the AHA via fax or mail.**

I \_\_\_\_\_ hereby certify that I care for the child (ren) of \_\_\_\_\_

while he/ she is at work. He/ she pays \$ \_\_\_\_\_  weekly  bi-weekly  monthly  bi-monthly for the care of :

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Name of Day Care Center (if applicable) \_\_\_\_\_

Telephone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUD STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

Signature of Provider \_\_\_\_\_

Date \_\_\_\_\_

**For AHA Use Only**

AHA Representative Signature \_\_\_\_\_

Verification Date: \_\_\_\_\_

