



Housing Authority of the City of Eastman

824 Griffin Avenue, SW
Post Office Drawer 100
Eastman, Georgia 31023
478.374.5414 (P) • 478.374.0505 (F)
800.255.0056 (TDD)
Michelle Butler, Executive Director

CHILD CARE EXPENSE VERIFICATION FORM

TENANT NAME: _____ ADDRESS: _____

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.

Tenant Signature

Date

HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

CHILD CARE PROVIDER COMPLETE BELOW:

We ask 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 applicant/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 doesn't apply.)

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

Name: _____ Age _____ Name: _____ Age _____

Name: _____ Age _____ Name: _____ Age _____

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

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

of hours in your care weekly: _____ Amount paid to you \$ _____

Check which applies: Weekly Bi-Weekly Monthly Semi-Monthly Other: _____

4. Is the amount paid to you reimbursed by an outside agency? _____

If yes, how much is reimbursed? _____

Name & Title of Person Supplying the Information

Child Care Provider Name/Address

Phone/Fax #

Email Address

Date

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 participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant 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 to the address listed above. Thank You.

