

Abingdon Redevelopment and Housing Authority
190 East Main Street, Ground Floor
Abingdon, Virginia 24210
(276) 628-5661

CHILD CARE VERIFICATION

Name: _____ Date: _____

Address: _____

By signing this Authorization, I hereby give my permission to release information on this Form which may apply to any and all members of my immediate household as stated herein. The information requested is to be released to the Abingdon Redevelopment and Housing Authority, 464B East Main Street Box 9, Abingdon, Virginia 24210, who shall use such information for eligibility purposes for assisted housing.

Signature: _____

Signature: _____

INFORMATION TO BE SUPPLIED

This is to certify that I, _____, provide child day care services for _____. The names of the child(ren) are: (Place a check mark beside the name(s) of the child or children you provide care for).

_____ Age: _____
_____ Age: _____
_____ Age: _____

1. During School, I am paid at the rate of \$ _____ per [] week [] month

2. During school vacation, I am paid \$ _____ per [] week [] month

3. Who pays this child care? _____

COMPLETE BELOW IF CHILD CARE IS ON AN IRREGULAR BASIS

1. I am paid at the rate of \$ _____ per hour for _____ hours [] week [] month
During School.

2 I am paid at the rate of \$ _____ per hour for _____ hours [] week [] month
During School Vacation.

CERTIFICATION

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Day Care Provider

Date

Telephone # _____ Days & Hours you may be reached: from _____ am/pm until _____ am/pm on ___ Mon ___ Tue ___ Wed ___ Thur ___ Fri ___ All