SC State Housing Finance and Development Authority Verification of Child Care Expenses

To the Person Providing Child Care:

.

. . .

As an applicant/participant in the HUD Section 8 Rental Assistance Program, I am required to provide information concerning Child Care Expenses. These expenses will be used to adjust household income for rent calculation purposes. Please complete this form and return it directly to the Housing Program Coordinator (HPC) listed below. Your prompt cooperation in supplying the requested information is appreciated. If you have any questions, please do not hesitate to contact the HPC.

Mailing Address: SC State Housing Finance & Development	Phone: (803) 896			
Voucher Program – 300-C Outlet Pointe Blvd Columbia, SC 29210	_ County HPC	Fax:	(803) 551	
Name of Participant:	(<mark>SSN:</mark>		
Signature Authorizing Release of Information:		<mark>I</mark>	Date:	

TO BE COMPLETED BY PERSON PROVIDING CHILD CARE SERVICES

Please list names, ages and times of the children in your care

Child's Name	Age	Beginning Time	Ending Time	Hours per day	Hours per week

Please provide the following amount, excluding any Government or other reimbursement

Current average weekly cost for child care services \$

Signature of Person Providing Child Care

Printed Name

Street Address

SC License Number (if applicable)

City, State and Zip Code

Telephone Number

Date

Title

If using a Telecommunications Device for the Deaf (TDD), please call: (803) 896-8831.

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.