NORWALK HOUSING AUTHORITY

LICENSED DAYCARE CENTER PROVIDERS VERIFICATION OF CHILD CARE EXPENSES

INFORMATION REQUESTED FROM CHILDCARE PROVIDER

SIGNATURE: x DATE:

The household member named above is applying for or recertifying eligibility for federal housing assistance. The household member has informed us that he/she pays you to provide childcare. We must estimate the household member's annual expense for childcare for the upcoming year.

separate consent attached to a copy of this consent.

Please provide us with the information requested below concerning the child care payments for each child that you care for. The household member has consented to the release of this information as shown below.

For each child please estimate the number of hours and weeks you will provide childcare during the upcoming year based on your current understanding of the household member's childcare requirements. You may base the estimates on any past experience you have providing childcare for the household member. Base the fee information on the rate you currently charge.

There may be seasonal variations in the care you provide. For example, you may care for a child for 15 hours a week when school is in session and 40 hours a week during school vacations. In that case fill in the blanks concerning the number of hours and weeks of childcare based on the care you provide most of the year. In the question about seasonal variations, give information on the number of hours and weeks of childcare for other periods of the year- as well as any fee variation.

We appreciate your prompt return of this form to the site manager named above. Enclosed is a self-addressed, stamped envelope for this purpose.

Name of Child:			
Care provided Hours per week	Weeks per year	Fee \$	/ (hour/week)
Are there seasonal variat	ions? [] Yes [] No. If ye	s, explain in detail:	
Name of Child:			
Care provided			
Hours per week	Weeks per year	Fee \$	/ (hour/week)
Are there seasonal varia	tions? [] Yes [] No. If yo	es, explain in detail:	
Name of Child:			
Care provided			
	Weeks per year	Fee \$	/ (hour/week)
Are there seasonal varia	ations? [] Yes [] No. If y	res, explain in detail:	
*********	********	******	*******
NAME AND TITLE OF PER	SON SUPPLYING INFORMA	TION:	
SIGNATURE:		DATE:	
TELEPHONE:			

PENALTIES FOR MISUSING THIS VERIFICATION FORM

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).