

Housing Authority of the City of Decatur, Georgia

750 Commerce Drive ▪ Suite 400 ▪ Decatur, Georgia 30030
404-270-2100 ▪ Fax 404-270-2122
TTD/TTY 1-800-545-1833 Ext 852
www.decaturhousing.org

VERIFICATION OF CHILDCARE EXPENSES

Date: _____

From: _____

For: _____
(Head of Household)

To: _____
(Child Care Provider's Name)

(Child Care Provider's Address)

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.

Please provide us with the information requested below concerning the childcare payments for each child for which you provide care. 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. If DFCS assists in the payment of childcare, please indicate this information.

We appreciate your prompt return of this form to the Housing Specialist named above.

HOUSEHOLD MEMBER RELEASE

RELEASE: 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.

SIGNATURE: _____

Date: _____

INFORMATION REQUESTED

1. Name of child: _____ DFCS/Peach assistance: _____ (yes/no)
Hours per week: _____ Age of child: _____ Family's fee: _____ per _____ (hour/week)

2. Name of child: _____ DFCS/Peach assistance: _____ (yes/no)
Hours per week: _____ Age of child: _____ Family's fee: _____ per _____ (hour/week)

3. Name of child: _____ DFCS/Peach assistance: _____ (yes/no)
Hours per week: _____ Age of child: _____ Family's fee: _____ per _____ (hour/week)

Name and title of person supplying information _____ Date: _____

Signature: _____ Telephone Number: _____

PENALTIES FOR MISUSE OF THIS 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, the PHA and any owner (or any employee thereof) 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 willfully requests, obtains or discloses any information under false pretenses concerning any 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 provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f), (g) and (h). Violations of these provisions are cited as violations of 42. U.S.C. 408 f, g and h.