

# Housing Authority of the City of Decatur, Georgia

750 Commerce Drive ▪ Suite 110 ▪ Decatur, Georgia 30030  
404-270-2100 ▪ Fax 404-270-2123  
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 child care 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 Advisor 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 use 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 provided for 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.

