



Housing Authority of the City of Austin

1124 South IH 35, Austin, TX 78704
(512) 477-1314 Fax (512) 494-0686

PRIVATE HOME CHILD CARE VERIFICATION

To: _____ From Dept: _____
 Attn: _____ Staff: _____
 Address: _____ Date: _____
 _____ Fax: _____

HACA is required to verify the incomes, assets, and expenses of all members of families applying for or living in federally assisted housing. To comply with these requirements, HACA asks for your cooperation in supplying the information requested below. HACA will keep such information confidential and use it only to determine this applicant's eligibility and rent. Your prompt return of this form by mail or fax is greatly appreciated. NOTE: HUD requires that the applicant must not assist in any way with the process of obtaining income verification. Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to matters within its jurisdiction.

Name: _____ S. S. N. #: _____
 Address: _____ Date of Birth: _____
 _____ Client #: _____

TO BE FILLED OUT BY PERSON PROVIDING CARE ONLY:

- I, _____, hereby certify that I provide care for the following children:
(NAME OF PERSON PROVIDING CARE)
- Registration No. / License No _____
- Name(s) and age(s) of child(ren) cared for:

Name	Age	Name	Age

- I care for the children so that the applicant/ tenant can: work search for employment go to school
- Total hours of care per week: _____ Total hours per month: _____
- Cost of care to family: \$ _____ per week month
- Amount paid by family: \$ _____ per week month
- Amount received for care from others (if any): \$ _____ per week month
- Name and address of individual, program, or other third party source providing child-care funds for this family:

Person Providing Care

Name _____ Phone No: _____
 Address _____
 Signature _____ Date: _____