



Housing Authority of the City of Austin

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

CHILD CARE BY AGENCY 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. #: _____
 Address: _____ Date of Birth: _____
 _____ Client #: _____

I hereby authorize the release of the information requested below to the Housing Authority of the City of Austin.

Signature _____ Date _____

- Name of Daycare Facility: _____
- Address: _____
- Registration No / License No _____
- Name(s) and age(s) of child(ren) cared for: (attach additional sheet of paper if necessary)

Name	Age	Name	Age

- Total hours 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: _____

Representative: _____ Phone No: _____
 Signature: _____ Date: _____
 Title: _____