



Verification of Childcare Expenses

I give my permission to release this requested information regarding childcare expenses to Walla Walla Housing Authority.

Applicant/Participant Signature

Date

TO BE COMPLETED AND RETURNED BY CARE PROVIDER ONLY

Please return by MAIL to 501 Cayuse Street, Walla Walla Washington 99362 or FAX to 509-527-4574

I, _____, provide childcare for the above named person/family for the child(ren) listed below:

_____ Age _____
 _____ Age _____
 _____ Age _____
 _____ Age _____

I am paid by the above named person \$ _____ per: HOUR, DAY, WEEK, MONTH (check one)

Average hours of service provided: _____ per: DAY, WEEK, MONTH (check one)

I am also paid by: _____
 (Other than the above named person/family)

\$ _____ Per: HOUR, DAY, WEEK, MONTH (check one) for childcare to the above named child(ren).

Average hours of service provided: _____ per: DAY, WEEK, MONTH (check one)

Signature of Child Care Provider:	Social Security or Tax Identification Number:
Address:	Telephone Number:

WARNING! TITLE 18, SECTION 1001 OF THE U.S. CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWING AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

