



The Longmont
Housing Authority

Longmont Housing Authority | Housing Choice Voucher Program

CHILD CARE VERIFICATION FORM

This form must be returned whenever a deduction from income is requested along with applicable verification forms and daycare statement.

Head of household Name: _____

I, _____ do hereby certify that I provide child care for:

(Name of participant whose children or dependent persons are provided for)

CHILD'S NAME	AGE	NUMBER OF HOURS PER WEEK
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Payment Amount Received from Participant

\$ _____ per day, week or month

2. Payment Amount Received from Others on behalf of the participant

\$ _____ per day, week or month

I certify that this statement is true and accurate; and have attached a payment detail statement reflecting such.

Daycare Provider Signature

Date

Participant

Date

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

