HARRISONBURG
REDEVELOPMENT AND
HOUSING AUTHORITY
P.O. BOX 1071 ✦ HARRISONBURG, VA 22803
Phone/VTDD 540-434-7386 ✦ Fax 540-432-1113

CHILDCARE VERIFICATION

______________________________ Name of Head of Household

***-**-________ Last 4 of SSN

______________________________ Address

________________ Unit Number

I hereby authorize the release of the below information, relative to my childcare expenses, to HRHA.

______________________________ Head of Household Signature

________________ Date

TO CHILDCARE PROVIDER: Thank you for completing this inquiry about the person named above, to determine eligibility and/or rent calculations for low-income housing with HRHA. Please return this form within 7 business days of receipt, by fax to 540-432-1113, or by mail to P.O. Box 1071, Harrisonburg VA 22803.

1. List the names, ages & start date of the children in your care:

Name	Age	Start Date	End Date (if applicable)

2. List the hours of the day and days of the week the children are in your care: ______________________________

3. List the amount paid for childcare and frequency: $____________ per ____________
4. If the rate has changed, effective date of change: ______________________________
5. Is the amount paid to you reimbursed by an outside agency? __________ If yes, how much is reimbursed? ____________
6. Any additional remarks or comments: ______________________________

________________ Name

________________ Title

________________ Date

________________ Signature

________________ Organization Name

________________ Phone

WARNING: Title 18, Section 1001 of U.S. Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States Government.

EQUAL HOUSING OPPORTUNITY PROVIDER

5/15/17

HRHA provides reasonable accommodations to individuals with disabilities consistent with the Section 504 Final Rule (24 CFR Part 8) & the Fair Housing Amendments Act