



1900 SE. 4th St., Gainesville, FL 32641
 Telephone (352) 872-5500 ~ Fax (352) 872-5501
www.gainesvillehousingauthority.org

EXECUTIVE DIRECTOR
 PAMELA E. DAVIS

VERIFICATION OF CHILD CARE OR ATTENDANT CARE COSTS
 (COMPLETED BY THE PROVIDER)

Name of Head of Household: _____ Phone No. _____

Name of Child care Provider: _____

Address: _____ City _____ State _____ Zip _____

Telephone Number: _____

Name of Person Completing this Form: _____

I, _____, hereby certify that I provide care on the following days for the hours indicated for the following children or dependent persons:

Name	Age	Circle days cared for M T W Th F S Su	Hours	
			To am/pm	From am/pm
		M T W Th F S Su	am/pm	am/pm
		M T W Th F S Su	am/pm	am/pm
		M T W Th F S Su	am/pm	am/pm
		M T W Th F S Su	am/pm	am/pm
		M T W Th F S Su	am/pm	am/pm
		M T W Th F S Su	am/pm	am/pm
		M T W Th F S Su	am/pm	am/pm

Total Hours: _____ per week _____ per month

Cost of care to the family: \$ _____ () per week () per month

Amount paid by the family: \$ _____ () per week () per month

***Estimated amount paid by family for the next 12 months: \$ _____**

Signed this _____ day of _____, 20_____

 Signature of Care Provider

 Relationship to parent (if any)

FAX OR EMAIL: _____

Important: This form must be executed whenever a deduction from income is made

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony. Also, amounts received from providing childcare and attendant care are reportable to the Internal Revenue Service (IRS).