

CHILD CARE EXPENSES VERIFICATION FORM

I hereby give my permission to release this information regarding child care expenses to the City of Pensacola Housing Office.

SIGNED: _____ DATE: _____
APPLICANT/TENANT SIGNATURE

This is to verify that I provide child care for:

Parent Name: _____

Name(s) of child/children: _____

I began providing this care on ____ / ____ / ____ (date).

The parent pays me \$ _____ on a: () weekly () bi-weekly () semi-monthly () monthly basis.

CHECK ONE: _____ During the school year
_____ During the summer
_____ Year-round

COMPLETE BELOW ONLY IF CHILD IS CARED FOR ON AN IRREGULAR BASIS:

I am paid an hourly rate of \$ _____ per hour for _____ hours per week during the school year.

I am paid an hourly rate of \$ _____ per hour for _____ hours per week during school vacations.

SIGNATURE OF CHILD CARE PROVIDER: _____

PRINTED NAME OF CHILD CARE PROVIDER: _____

ADDRESS: _____

PHONE NUMBER: _____ DATE: _____