

VERIFICATION OF CHILD/DEPENDENT CARE

REQUEST FOR INFORMATION

Federal regulations require us to verify financial information provided by applicants for housing assistance. We ask your cooperation in supplying the information requested. The attached Form 3550-1, Borrower's Certification and Authorization provides the applicant's authorization.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed for your convenience. If you have questions, please call _____ at _____.

APPLICANT IDENTIFICATION

Name _____ Social Security Number _____

REQUESTED INFORMATION

Name of Person or Agency Providing Care: _____

Address: _____

Name(s) of person or Persons Cared for: _____

Specify Hours _____ and Days _____ of Care.

Average Amount Paid for Care: \$ _____ Week Month

Estimated Amount to be Paid in coming 12 months (including full-time summer care of school children, if applicable): \$ _____

Will any amount of this expense be reimbursed by an outside source: Yes No

VERIFIER INFORMATION: Please sign this verification form and print the name, address and telephone number of the verifier.

Name: _____ Title: _____

(Signature) Telephone Number: _____

WARNING: Knowingly and willingly making a false or fraudulent statement to any department of the United States Government is a felony punishable by fine and imprisonment (Title 18, Section 1001, U.S. Code)