



CHILDCARE BUSINESS VERIFICATION

Provider's Name: _____

The person named above reports that he/she provides care for your child/children. To correctly evaluate the household's situation, the Housing Authority of Salt Lake City needs your assistance. Please complete this form and return it to the provider.

The Housing Authority of Salt Lake City reserves the right to require additional documentation to verify amounts listed below.

TO BE COMPLETED BY PARENT

Parent's Name: _____

Parent's Address: _____ Zip _____

Telephone No: _____

Name of children under care	Age	Average hours care is provided per day

What is the monthly fee you pay for child care: _____

Are you receiving child care assistance: YES No, if yes, monthly amount: _____

What is your monthly out of pocket expense: _____

I certify that the above disclosure information is true and correct to the best of my knowledge.

Parent's Signature

Date



Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or used a document or writing containing any false, fictitious or fraudulent statement of entry, in any manner, within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.