



ORMOND BEACH HOUSING AUTHORITY

Established 1951

100 NEW BRITAIN AVE. ORMOND BEACH, FL 32174
(386) 677-2069 – FAX (386) 677-3545

Client # _____

CHILDCARE EXPENSE VERIFICATION

Parent/Guardian (print)

Signature

TO BE COMPLETED BY CHILDCARE PROVIDER

This is to verify that I, _____ provide childcare for:
(Please print)

Names of child/children/age:

During the school year (39 weeks), I am paid at the rate of:

\$ _____ hourly \$ _____ weekly \$ _____ every 2 weeks \$ _____ monthly

During school vacation (13 weeks), I am paid the rate of:

\$ _____ hourly \$ _____ weekly \$ _____ every 2 weeks \$ _____ monthly

The information given above is true to the best of my knowledge. I know that if I give false information, I may be subject to prosecution for fraud by the Housing Authority.

Signature of Childcare Provider

Social Security Number/EIN

Street Address

Telephone Number

City, State, Zip

Date

