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NOTE: This form is to be filled out by your day care provider. If you receive assistance from the state for your childcare, you still need to have this form filled out completely. You also need to submit to a ehildcare denefit printout from the Department of Workforce Services if you are receiving assistance.

Please complete the following information for (Parent's Name) _____ . This verifies their ehildeare equw for the month of _____, 201_____.

This form is to verify that I, _____, the ehildeare r rovider, provide ehildeare uervices for the following children:

Reason childcare is needed: the parents is (working, attending school, etc.)

The total the parent pays for my services are \$ _____ per day hour month. This does not include any portion paid by the state or any other financial entity.

The total the state or other financial entity pays to subsidize the care paid for by the parent is \$ _____ per day ~~ce~~hour ~~ce~~month.

Please provide your charges for childcare for this individual for the past three months:

<u>Month & Year</u>	<u>Amount</u>	<u>Month & Year</u>	<u>Amount</u>	<u>Month & Year</u>	<u>Amount</u>
_____	_____	_____	_____	_____	_____

PENALTIES FOR FRAUD: Title 19, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, (or any employee of HUD, or WVCHA.) Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

I certify that the above information is true and correct.

Name of Company _____ Title of Representative _____

Address _____ Representative's Name _____

City, State, Zip _____ Signature _____

Telephone Number _____ Date _____

Tax I.D. / Social Security Number: _____

Verified by Housing Staff: _____ Date: _____ By: _____

