

TOWN OF HUNTINGTON HOUSING AUTHORITY

1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • PHONE 631-427-6220 • FAX 631-427-6288

VERIFICATION OF CHILDCARE EXPENSES

PLEASE KNOW THAT THIS EXPENSE CAN ONLY BE CLAIMED FOR CHILDREN UNDER THE AGE OF 13. THIS FORM ALSO MUST BE NOTARIZED AND ACCOMPANIED BY PROOF OF PAYMENT (AT LEAST 3 MONEY ORDERS, CANCELLED CHECKS, OR RECEIPTS FROM THE DAY CARE PROVIDER.)

I, _____ (CHILDCARE PROVIDER) WHO RESIDES

AT _____

DO HEREBY CERTIFY THAT I PROVIDE CHILDCARE FOR THE FOLLOWING CHILDREN:

1. _____

2. _____

3. _____

4. _____

TOTAL HOURS PER WEEK: _____

AMOUNT RECEIVED FOR CARE FROM THE FAMILY: \$ _____ PER WEEK.

FULL-TIME SUMMER CARE OF SCHOOL AGE CHILDREN? YES/ NO (CIRCLE ONE)

SIGNATURE OF CARE PROVIDER

DATE

SIGNED THIS _____ DAY OF _____ 20 _____

IN THE PRESENCE OF _____ (SIGNATURE OF NOTARY)

SIGNATURE OF HEAD OF HOUSEHOLD _____