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CHILD CARE VERIFICATION

TO: _____

DATE: _____ APT. #: _____

DEVELOPMENT NAME: _____

TEL.#: _____

RE: _____

FROM: _____

CONTACT PERSON: _____

TEL.#: _____

FAX #: _____

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

I hereby authorize release of any information requested regarding my income, assets, and allowances. I understand child care includes only what is necessary for me to continue my employment/education or actively seek employment.

TO BE COMPLETED BY APPLICANT/RESIDENT:

I hereby certify that \$ _____ per **(Circle One)** week month year for child care is reimbursed to me by an outside source.

Applicant/Resident Signature

TO BE COMPLETED BY THE CHILD CARE PROVIDER:

1. Days per week that child care is provided: _____
2. Number of hours per day: _____
3. Expected length of term for child care: _____
4. Name(s) of child(ren) cared for: _____

I hereby certify that I receive the sum of \$ _____ per **(Circle One)** week month year for the care of the above fore mentioned child(ren).

Signature of Person Verifying Information

Telephone Number

Title

Date

OFFICE USE ONLY:



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

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