

Greeley Housing Authority/Weld County Housing Authority  
PO Box 130  
Greeley, CO 80632  
Fax 970-346-7690  
www.greeley-weldha.org

## VERIFICATION OF CHILDCARE EXPENSES

### To be completed by the Client:

Applicant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

I authorize the release of the following requested information regarding childcare expenses to the Greeley/Weld Housing Authorities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### TO BE COMPLETED BY PROVIDER:

This is to verify I provide childcare for \_\_\_\_\_  
Parent's name

#### Name of Child(ren):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am paid the rate of \$ \_\_\_\_\_ per week/month during the school year.

I am paid the rate of \$ \_\_\_\_\_ per week/month during the summer.

I am paid the rate of \$ \_\_\_\_\_ per week/month during the entire year.

I am paid in part or in full by someone other than the parent \_\_\_\_yes \_\_\_\_no

If yes, please complete: By Whom: \_\_\_\_\_ Amount \_\_\_\_\_ per \_\_\_\_\_

By Whom: \_\_\_\_\_ Amount \_\_\_\_\_ per \_\_\_\_\_

I certify the above information is true and complete:

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

**Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentations to any Department or Agency of the United States as to any Matter within its jurisdiction.**