



# Housing Authority of the City of Raleigh, North Carolina

## Leased Housing

Priscilla B. Batts  
Director of  
Leased Housing

900 Haynes Street  
Raleigh, NC 27604

Applications  
(919) 831-6387

Section 8 HAPP  
(919) 831-6620

### CHILDCARE VERIFICATION FORM

In accordance with 24CFR 5.603: *Child care expenses*. Amounts anticipated to be paid by the family for the care of children under 13 years of age during the period for which annual income is computed, but only where such care is necessary to enable a family member to **actively seek employment, be gainfully employed, or to further his or her education and only to the extent such amounts are not reimbursed.** The amount deducted shall reflect reasonable charges for child care. In the case of child care necessary to permit employment, the amount deducted shall not exceed the amount of employment income that is included in annual income.

The Raleigh Housing Authority is required to verify the amount paid for childcare.

I, \_\_\_\_\_, certify that I provide childcare services for the following child or children below on behalf of \_\_\_\_\_ (Tenant's Name):

- |                    |                    |
|--------------------|--------------------|
| 1. _____ Age _____ | 4. _____ Age _____ |
| 2. _____ Age _____ | 5. _____ Age _____ |
| 3. _____ Age _____ | 6. _____ Age _____ |

I provide childcare services for the child or children \_\_\_\_\_ days a week on the following days:

- Monday       Tuesday       Wednesday       Thursday       Friday

I, \_\_\_\_\_, certify that the **tenant named** above pays

\$ \_\_\_\_\_  Weekly  Bi-Weekly or  Month (check one). The operating hours are from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM.

\_\_\_\_\_  
Childcare Provider/Center Name (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

I certify the childcare information given above is accurate and complete to the best of my knowledge and belief.  
WARNING: Section 1001 of the Title 18 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any departments of the United States Government.

\_\_\_\_\_  
Childcare Provider/Center Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date