



Jacksonville Housing Authority

PO Box 734

3600 Max Howell Dr.

Jacksonville, AR 72078

Office: (501) 982-2267

Fax: (501) 982-8597

VERIFICATION OF CHILD CARE EXPENSE

I give my permission to release this requested information regarding child care expenses to the Jacksonville Housing Authority.

Signature

Date

=====

This is to verify that I provide child care for _____
(Parent or Guardian's Name)

for _____
(Name(s) of child/children)

Date I began providing child care for child/children listed above: _____

I am paid \$ _____ per week during school year.

I am paid \$ _____ per week during school vacations.

COMPLETE BELOW ONLY IF CHILD CARE IS ON AN IRREGULAR BASIS

I am paid \$ _____ per hour for _____ hours per week during school year.

I am paid \$ _____ per hour for _____ hours per week during school vacations.

Signature(s) of person(s) _____

providing child care _____

Social Security Number _____

Address _____

Telephone Number _____

Date Signed _____

We do business in accordance with the Federal Fair Housing Law which states: It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin.