



Helena West Helena Housing Authority | 115 N Third Street | West Helena, AR 72390 |
Phone (870)572-6702 | Fax (870)572-6703 | TTY 711

VERIFICATION OF CHILD CARE EXPENSE

I give my permission to release this requested information regarding child care expenses to the Helena-West Helena 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 the 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 the school year.

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

Signature(s) of person(s) providing childcare: _____

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.



