

**MANCHESTER**
HOUSING AUTHORITY

P.O. Box 110 522 M.L.K. Drive

Manchester, Georgia 31816

Phone: 706-846-9428 Fax: 706-846-5139 Email: mha1@alltel.net

Felicia Warren, Executive Director

CONFIDENTIAL DAYCARE INQUIRY

CONFIDENTIAL DAYCARE INQUIRY

DATE _____

Tenant _____

S.S. # _____

Address _____

In order to determine the eligibility of all families housed in the Low Rent Housing Required by law to verify the child care paid by the family. Both your parents and this Office will appreciate your supplying the following information, which will be kept confidential.

Resident's Signature

Housing Authority Official's

THIS FORM MUST BE COMPLETED BY THE CARE PROVIDER IN INK OR TYPED

1. Child Name that Care is provided for (Child #1) _____ (Child #2) _____ (Child #3) _____

2. Arrival Time child attends your facility (Child #1) _____ (Child #2) _____ (Child #3) _____

3. Child Departure Time from your facility (Child #1) _____ (Child #2) _____ (Child #3) _____

4. Child Care Cost per week (Child #1) _____ (Child #2) _____ (Child #3) _____

5. How is childcare cost paid (Money Order, Cash, Check) _____

6. What Days of the week is Child Care provided ? _____

7. Does your Day Care Facility have a Business License _____

8. Day Care Provider's Phone Number _____

9. Do you file a 1099 with Internal Revenue Service _____

When you sign this certification forms, You are committing fraud if you sign a form knowing that contains false or misleading information. Information you give on your application varied by your housing agency. In addition HUD may do computer match of the information you report with various, Federal, State, or private agencies to verify that It is correct.

Day Care Provider's Signature

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____

NOTARY PUBLIC (SEAL) _____ MY COMMISSION EXPIRES