



# Housing Authority of Cass County, North Dakota

230 - 8TH AVE. WEST

WEST FARGO, NORTH DAKOTA 58078

TOLL FREE  
1-800-951-4321  
TELEPHONE & TDD NO.  
(701) 282-3443

## VERIFICATION OF CHILD CARE EXPENSES

Tenant Name & Address

\_\_\_\_\_

The individual named above is an applicant for housing assistance which is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

### COMPLETED BY TENANT

I \_\_\_\_\_, hereby authorize \_\_\_\_\_  
to release the information requested below:

Do you receive Child Care Assistance?  Yes  No Caseworker's Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY CHILD CARE PROVIDER

This is to certify that I provide child care for the family identified. The names of the child/children are: \_\_\_\_\_

I am paid at the rate of \$ \_\_\_\_\_ per hour for \_\_\_\_\_ hours a week.

I am paid -----\$ \_\_\_\_\_ weekly

I am paid -----\$ \_\_\_\_\_ monthly

I certify that the above information is true and correct.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

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