



1000 Carthage Street
P.O. Box 636
Sanford, NC 27331
919-776-7655
www.sha-nc.org

VERIFICATION OF AMOUNT PAID FOR CHILDCARE OR DEPENDENT PERSON

Parent/HOH Name/Address: _____
I hereby authorize the release of information requested directly to the Sanford Housing Authority.
Signature: _____ Date: _____

I, _____, do hereby certify that I provide childcare for the individual(s) listed below on the following days for the hours indicated.

Minor/dependent(s) Name: _____

Days (check as required):

- Monday Hours- From _____ AM PM to _____ AM PM
- Tuesday Hours- From _____ AM PM to _____ AM PM
- Wednesday Hours- From _____ AM PM to _____ AM PM
- Thursday Hours- From _____ AM PM to _____ AM PM
- Friday Hours- From _____ AM PM to _____ AM PM
- Saturday Hours- From _____ AM PM to _____ AM PM
- Sunday Hours- From _____ AM PM to _____ AM PM

Total Hours per Week: _____ Rate per week \$ _____ or per month \$ _____

Amount received for care from family (if any): \$ _____ week month

Amount received for care from others (if any): \$ _____ week month

Estimated cost of care (including full-time summer care of school age child(ren), if applicable for the next 12 months): \$ _____

Signature of Caregiver/Date

Relationship to Parent (if any)

Warning: Title 10, Section 1001 of the US Code States that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States Government. Any amounts received from providing childcare are reportable to the Internal Revenue Service (IRS).