



CHILD CARE VERIFICATION

This form must be submitted to the Longview Housing Authority.

Email: LHA@LongviewTexas.gov

Fax: (903) 237-1254

Mail: P.O. Box 1952, Longview, Texas 75606

I. THIS SECTION IS TO BE COMPLETED BY APPLICANT/PARTICIPANT

Please be sure to include the name(s) of the children, how much you pay, and how often you pay.

Applicant/Participant Name: _____ Email: _____
 Address: _____ Phone #: _____
 Last 4 Digits of SSN: _____ Case Worker: _____

RELEASE: I hereby authorize the release and/or verification of childcare information to the Longview Housing Authority.

 Applicant/Participant Signature

 Date

II. THIS SECTION IS TO BE COMPLETED BY THE CHILD CARE PROVIDER

Please attach a schedule of your most recent child care rates.

Name of Child	Age	School Year Rates	Summer Rates	Average Number of HRS/Week	Hourly Rate	Total Weekly Rate
1.		\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$
4.		\$	\$	\$	\$	\$
5.		\$	\$	\$	\$	\$

Start Date of Child Care: _____

End Date of Child Care: _____

III. CHILD CARE PROVIDER OFFICIAL CERTIFICATION

 Child Care Provider's Name (Printed)

 Date

 Child Care Provider's Signature

 Address

 Email

 Phone Number

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement or misrepresentations to any department or agency of the U.S., as to any matter within its jurisdiction.