



Providing Homes, Creating Community, Changing Lives

Child Care Expense Verification

Boulder Housing Partners | 4800 North Broadway Boulder, CO 80304 | Phone: 720-564-4610

Tell Us About Your Child Care Expenses

Name of Child Care Provider	Provider Address
Applicant/Resident Name	Head of Household Name
Applicant/Resident Social Security #	Applicant/Resident Date of Birth

Consent to Release Information: My signature below authorizes verification of my expense information.

Applicant/Resident Signature _____ Date

STAFF USE ONLY

The above Applicant/Resident is applying to/participating in a housing program that requires verification of expenses. The individual has signed a release above giving you permission to supply us with information. The information provided will remain confidential. Please return the completed form to the address/fax below.

I certify that this verification has been sent directly to the child care provider and was not hand-carried by the applicant/tenant or any other interested party.

Signature of Owner/Agent _____ Title _____ Date

Owner/Agent Address _____ Owner/Agent's Fax Number

Provider: Please fill out the information below as completely as possible.

Names of Children	SCHOOL YEAR cost to parent:	VACATION/SUMMER cost to parent:
#1	\$	\$
#2	\$	\$
#3	\$	\$
#4	\$	\$
#5	\$	\$

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Signature of Provider _____ Title _____ Date

Telephone #

