



Housing Authority of the City of Raleigh, North Carolina

Leased Housing

Priscilla B. Batts
Director of
Leased Housing

900 Haynes Street
Raleigh, NC 27604

Applications
(919) 831-6387

Section 8 HAPP
(919) 831-6620

CHILDCARE VERIFICATION FORM

The Raleigh Housing Authority is required to verify the amount paid for childcare.

I, _____, certify that I provide childcare services for the following child or children below on behalf of _____ (Tenant's Name):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

I provide childcare services for the child or children _____ days a week on the following days:

- Monday Tuesday Wednesday Thursday Friday

I, _____, certify that the ***tenant named*** above pays \$ _____ per Week or Month (check one).

The operating hours are from _____ AM/PM to _____ AM/PM.

Childcare Provider/Center Name (Please Print)

Address

Telephone Number

I certify the childcare information given above is accurate and complete to the best of my knowledge and belief.

WARNING: Section **1001** of the **Title 18** of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any departments of the United States Government.

Childcare Provider/Center Name

Date

Parent Signature

Date