



Raleigh Housing Authority  
900 Haynes Street Raleigh, NC 27604  
Phone: 919-831-8300.....Fax: 919-831-6649

## Childcare Verification Form

Applicant/Resident Name \_\_\_\_\_

Applicant/Resident Address \_\_\_\_\_

Applicant/Resident Signature \_\_\_\_\_

The individual named above is seeking rental assistance subsidized through the Department of Housing & Urban Development (HUD). During a recent interview, the individual gave your name or your agency name as a childcare provider for their children. Federal regulations require the Housing Authority to verify such information in order to determine eligibility and rental portions for admission and/or continued occupancy in federally subsidized housing.

The individual has authorized release of this information by signing above or has signed an Authorization Release Form. We greatly appreciate your full cooperation in completing this form by verifying all information below, which applies. We assure you this information will be used for Housing Authority purposes only. Please return to the fax or address listed above.

Sincerely,  
*RHA Housing Mgmt. Representative*

## Day Care Provider/Agency Complete Below

Child/Children Cared For:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Please check appropriate box:  Licensed Daycare  Private Home  Before/After School Program

Amount paid by family to provider \$ \_\_\_\_\_  Weekly  Bi-weekly  Monthly  Semi-Monthly

Average number of hours per week child/children are cared for: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Comment \_\_\_\_\_  
\*\*\*\*\*

Day Care Provider/Agency Name \_\_\_\_\_ Phone# \_\_\_\_\_ Fax \_\_\_\_\_

Day Care Provider/Agency Address \_\_\_\_\_

Form completed by (please print) \_\_\_\_\_ Title \_\_\_\_\_

**\*\*\*By signing I affirm the info I provided is the correct amount this family pays out of pocket to us for childcare,**

Signature of Verifier \_\_\_\_\_