



CHILD/DEPENDENT CARE VERIFICATION

Dear Child Care Provider:

Re: _____
(Head of Household)

We are required to verify the amounts paid for the care of children/dependents of individuals applying for or receiving a federal rent subsidy. To comply with this requirement, we ask your cooperation in supplying the information requested below regarding the referenced individual.

Please complete a separate form for each child care provider. **EACH FORM MUST BE NOTARIZED IF COMPLETED BY AN INDIVIDUAL PERSON (NOT AGENCY).** Your prompt return of this letter will be appreciated. If you have any questions, please call _____ at 732-364-1300 ext. ____.

I hereby authorize the release of this information.

Signature _____ Date _____

Name of person or agency providing care _____

Address _____ Phone # _____

Name and age of person cared for: _____

Hours per day: _____ Days per week: _____ Rate per hour: _____

Average amount paid for care: \$ _____ PER: (Please check one):

() Weeks: (# of weeks per year) _____ () Months: (# of months per year) _____

(Include full-time summer care of school children if applicable)

Provider's
Signature _____

Print Name _____

Date _____

NOTARY SIGNATURE & SEAL (If Applicable)