

Child / Dependent / Handicap Care Verification

To: _____

From: _____

Phone: _____

Phone: _____

Fax: _____

I have applied or I am currently a resident at the above noted Apartment Community. It is of benefit to me to disclose and verify my child care expenses for the next twelve months. I would appreciate your cooperation in providing any child care expense information to the above noted address.

Applicant/Resident Name: _____

For the care of: 1. _____ 3. _____
2. _____ 4. _____

For Care Giver Use Only

In determining your totals, use only expenses paid for directly by the applicant/resident for children under the age of 13 that are in your care in order for the applicant/resident to attend school or work.

1. Person(s) being care for:	Hours per week	or	Hours per month:
_____	_____		_____
_____	_____		_____
_____	_____		_____

2. Average amount paid directly by the applicant/resident per Weekly / Bi-Weekly / Monthly (circle one): \$ _____

3. Estimated amount to be paid directly by the applicant/resident in the upcoming 12 month period: \$ _____

Signature: _____ Title: _____

Printed Name: _____ Date: _____

Phone #: _____ Fax #: _____

Note: If this is a HUD Financed property Individual Consent Authorization (FAM form #H004B) must be attached.