

**BROCKTON  
HOUSING  
AUTHORITY**

Creating Windows  
of Opportunity

# Childcare Verification

Return to:

1090 Main Street  
Brockton, MA 02301  
(508) 588-6880  
Fax: (508) 559-0430

To:

The tenant noted below has stated that he/she pays you for childcare services. The Brockton Housing Authority ("BHA") is required by government regulations to verify the income of families applying for continued occupancy in its subsidized housing programs. Enclosed is a copy of the signed Authorization for the Release of Information. Would you please provide the information requested below and return it to the address noted above within five (5) working days. Thank you for your cooperation.

Date:

<b>Tenant Name:</b>	
<b>Social Security #:</b>	

### A. Children Receiving Care:

	<b>Child's Name</b>	<b>Age</b>	<b>Childcare Start Date</b>
1.			
2.			
3.			
4.			

Childcare is provided so that a family member can: (check as applicable)

Work                       Go to school

### B. Childcare Schedule

Childcare is provided: \_\_\_\_\_ hours per week during school year

Childcare is provided: \_\_\_\_\_ hours during school vacation

Childcare is provided as follows:

***EQUAL HOUSING OPPORTUNITY***

Monday: \_\_\_\_\_ hours  
Tuesday: \_\_\_\_\_ hours  
Wednesday: \_\_\_\_\_ hours  
Thursday: \_\_\_\_\_ hours  
Friday: \_\_\_\_\_ hours  
Saturday: \_\_\_\_\_ hours  
Sunday: \_\_\_\_\_ hours

**C. Childcare Pay Rate**

\$ \_\_\_\_\_ per hour  
\$ \_\_\_\_\_ per week  
\$ \_\_\_\_\_ per month  
\$ \_\_\_\_\_ other (please describe): \_\_\_\_\_

*I certify that the above information is true and correct.*

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.**