Verification of Child Care Expenses

Federal regulations require the Indiana Housing and Community Development Authority (IHCDA) to verify child care expenses of any applicant. I hereby authorize release of information regarding my child care expenses to the IHCDA. I understand that this information will be held in strict confidence and used for program purposes only.

Part A

Print or Type Full Name of Applicant _____ Date _____

Signature of Applicant _____ Address _____

Social Security Number _____ City, State and ZIP Code _____

Part B Child Care Provider: Please provide the following information regarding child care for the above applicant and return this form as promptly as possible.

Name of Child _____ Age _____

Name of Child _____ Age _____

I am paid at the rate of $ _____ [ ] per week [ ] per month during the school year.

I am paid at the rate of $ _____ [ ] per week [ ] per month during school vacations.

Part C Please complete the next two lines only if child care is provided on an irregular basis.

I am paid at the rate of $ _____ [ ] per week [ ] per month during the school year.

I am paid at the rate of $ _____ [ ] per week [ ] per month during school vacations.

Part D

Signature of Child Care Provider _____ Printed or Type Name of Child Care Provider _____

Date _____ Address _____

Area Code and Phone Number _____ City, State and ZIP Code _____

Please return this form to:

CoAc
CoAction
5240 Fountain Drive
Crown Point, IN 46307

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