

Instructions:

The Grand Rapids Housing Commission (GRHC) must verify all childcare expenses for families receiving assistance under federal law. If official statements for your childcare provider, such as receipts or invoices, are not available, the GRHC will request verification directly from them.

Please read and sign the authorization statement allowing your childcare provider to release the requested information to the GRHC on your behalf. Then, fill out your childcare provider's contact information. Once signed, GRHC will forward the form to them to complete the remaining sections. *Only one form needs to be completed per applicant/household.*


Applicant or Resident Information					
Name:					
Date of Birth:		SSN #:		Phone:	
Address:					
City:		State:		Zip Code:	

Childcare Provider Information						
Name:				SSN# or Tax ID :		
Address:			City:		State:	ZIP Code:
Phone:		Fax:		Email (if available):		

Applicant or Resident Release	
I hereby authorize the release of the requested information to the Grand Rapids Housing Commission.	
_____	_____
<i>Applicant/Resident Signature</i>	<i>Date (MM/DD/YYYY)</i>

----- **Applicant/Resident: Do Not Continue!** -----

Page 2/3 for Childcare Provider Only

	<p>REASONABLE ACCOMMODATION NOTICE: IF YOU REQUIRE ASSISTANCE OR A REASONABLE ACCOMMODATION TO COMPLETE THIS FORM DUE TO A DISABILITY, PLEASE CONTACT OUR OFFICE AT 616-235-2600. WE ARE COMMITTED TO ENSURING EQUAL ACCESS TO OUR SERVICES AND WILL PROVIDE APPROPRIATE ASSISTANCE TO HELP YOU COMPLETE THIS FORM.</p>
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Childcare Provider Instructions

The individual above has authorized you to complete this form to help the Grand Rapids Housing Commission verify childcare expenses paid to you. The information will only be used for HUD program requirements. Complete each section for the children in your care. Please provide accurate amounts, timeframes, and schedules. Enter your contact information and sign the form once finished. *Enter "N/A" in the "Child's Name" field for each row that does not apply.*

Childcare Information
Ages 0 – 2½ Years

Child's Name:	Amount: \$	Per: ___ Hour ___ Day ___ Week ___ Month	# of Hours ___	Per: ___ Day ___ Week	Time: From ___ To ___
Child's Name:	Amount: \$	Per: ___ Hour ___ Day ___ Week ___ Month	# of Hours ___	Per: ___ Day ___ Week	Time: From ___ To ___
Child's Name:	Amount: \$	Per: ___ Hour ___ Day ___ Week ___ Month	# of Hours ___	Per: ___ Day ___ Week	Time: From ___ To ___

Ages 2½ – 5 Years

Child's Name:	Amount: \$	Per: ___ Hour ___ Day ___ Week ___ Month	# of Hours ___	Per: ___ Day ___ Week	Time: From ___ To ___
Child's Name:	Amount: \$	Per: ___ Hour ___ Day ___ Week ___ Month	# of Hours ___	Per: ___ Day ___ Week	Time: From ___ To ___
Child's Name:	Amount: \$	Per: ___ Hour ___ Day ___ Week ___ Month	# of Hours ___	Per: ___ Day ___ Week	Time: From ___ To ___

School Age (6+ Years): During School Year

Child's Name:	Amount: \$	Per: ___ Hour ___ Day ___ Week ___ Month	# of Hours ___	Per: ___ Day ___ Week	Time: From ___ To ___
Child's Name:	Amount: \$	Per: ___ Hour ___ Day ___ Week ___ Month	# of Hours ___	Per: ___ Day ___ Week	Time: From ___ To ___
Child's Name:	Amount: \$	Per: ___ Hour ___ Day ___ Week ___ Month	# of Hours ___	Per: ___ Day ___ Week	Time: From ___ To ___

School Age (6+ Years): During Summer/Vacation

Child's Name:	Amount: \$	Per: ___ Hour ___ Day ___ Week ___ Month	# of Hours ___	Per: ___ Day ___ Week	Time: From ___ To ___
Child's Name:	Amount: \$	Per: ___ Hour ___ Day ___ Week ___ Month	# of Hours ___	Per: ___ Day ___ Week	Time: From ___ To ___
Child's Name:	Amount: \$	Per: ___ Hour ___ Day ___ Week ___ Month	# of Hours ___	Per: ___ Day ___ Week	Time: From ___ To ___

Payment Information

Total amount paid weekly by the Department of Health and Human Services (DHHS):	\$
Total amount paid weekly by the parent/guardian:	\$
Do you receive payments from any other source?	_____ Yes _____ No
If yes, describe the sources: _____	
If yes, enter the amount you receive: \$ _____	

(Continued on next page)

Notice of Federal Penalties for False Statements (18 U.S.C. § 1001)

Federal law (18 U.S.C. § 1001) prohibits giving false or misleading information to the U.S. Government, including for housing programs administered by the Grand Rapids Housing Commission (GRHC) and the Department of Housing and Urban Development (HUD). This includes lying, hiding important facts, or submitting documents with false information. Violations may result in fines and up to 5 years in prison (or up to 8 years for certain serious offenses).

I hereby certify that the information provided on this form regarding childcare services and expenses is true and accurate to the best of my knowledge.

Print Name:		Title:		Phone:	
_____			_____		
<i>Preparer Signature</i>			<i>Date (MM/DD/YYYY)</i>		

Return Instructions

IMPORTANT: This form must be returned directly by the childcare provider. For regulatory compliance, GRHC cannot accept forms returned by the applicant.

Preferred Method	Email
Please scan and email the completed, signed form to:	ic@grhousing.org
Alternate Method	Fax or Mail
If email is <u>not possible</u> , you may return the form to:	<p>Grand Rapids Housing Commission Attn: _____ 1420 Fuller Avenue, S.E. Grand Rapids, MI 49507 Phone: (616) 235-2600 Fax: (616) 235-2660</p>