

**Asheboro Housing Authority**  
PO Box 609 Asheboro, NC 27204  
Phone: 336-629-4146 Fax 336-625-0651  
TDY 800-545-1833 X 419

**Child Care Verification Form**

Tenant Name: \_\_\_\_\_

Please verify the amounts paid for child care services. Include **only** those amounts paid **specifically** by the person listed on this form. **Do not include any amounts paid by agencies such as social services on behalf of this family.**

This is to verify that I provide child care services for:

Name(s) of child(ren): \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

I am paid the rate of \$ \_\_\_\_\_ per Week during the school year  
\$ \_\_\_\_\_ per Month during the school year

I am paid the rate of \$ \_\_\_\_\_ per Week during school vacations  
\$ \_\_\_\_\_ per Month during school vacations

I provide care during the hours of \_\_\_\_\_ on the following days: **M T W Th F Sa Su**

**Complete only if child is cared for on an irregular basis:**

Hourly rate of \$ \_\_\_\_\_ per hour for \_\_\_\_\_ hours weekly during the school year

Hourly rate of \$ \_\_\_\_\_ per hour for \_\_\_\_\_ hours weekly during school vacations

\_\_\_\_\_  
Agency Name Phone Number

\_\_\_\_\_  
Signature Title

\_\_\_\_\_  
Date

*I hereby authorize the release of the requested information.*

\_\_\_\_\_  
Tenant's Signature Date