



ASHEVILLE HOUSING AUTHORITY

Housing Choice Voucher Program  
165 South French Broad Avenue  
Asheville, NC 28801

Business Hours: 9 a.m. – 5 p.m. Monday – Thursday

### VERIFICATION OF CHILD CARE OR ATTENDANT CARE COSTS (PROVIDER)

To: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Asheville Housing Authority's Housing Choice Voucher Program is a federally funded program assisting qualified households with rental assistance. The individual named below has authorized the Housing Authority to verify information regarding child care provided for his/her children. Please complete this form and return it to our office as soon as possible. Thank you for your assistance.

Re: \_\_\_\_\_

I hereby authorization release of the following information to the Asheville Housing Authority.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate the days and hours that care is provided for the children listed:

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_  
Cared for (Check all that apply.):  M  T  W  Th  F  Sa  Su from \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_  
Cared for (Check all that apply.):  M  T  W  Th  F  Sa  Su from \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_  
Cared for (Check all that apply.):  M  T  W  Th  F  Sa  Su from \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

Total hours of care provided per week for: Work: \_\_\_\_\_ Job Search: \_\_\_\_\_ School: \_\_\_\_\_

Amount paid by family for care provided: \$ \_\_\_\_\_ per  week  month

Estimated cost of care for the next twelve (12) months: \$ \_\_\_\_\_ per  week  month  
(Include full-time summer care of school age children if applicable.)

Is any portion of these child care expenses paid for by a source other than the family?  Yes  No

Signature of Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

**Warning!** Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

**Please return to:**  
  
**Housing Choice Voucher Program  
Asheville Housing Authority  
PO Box 1898  
Asheville NC 28802**