



Greene Metropolitan Housing Authority

538 N. Detroit Street, Xenia, OH 45385

Xenia: 937-376-2908, Fairborn: 937-429-7736

General Fax: 937-376-2487, Public Housing Fax: 937-347-1235, Section 8 Fax: 937-347-1230

Website: www.gmha.net

VERIFICATION OF CHILD CARE EXPENSES

Name (Print): _____ Date: _____

Phone Number _____ Email Address: _____ APPL # _____

Child Care Provider Name: _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax Number _____ Email Address: _____

RELEASE: I hereby authorize the release of the requested information to Greene Metropolitan Housing Authority. Information under this consent is limited to information that is no older than 15 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be addressed on a separate consent, attached to a copy of this consent. A faxed copy of this Release shall be considered an original form and provide such authorization as stated above. I, undersigned, hereby authorize the release of the information requested below.

Signature: _____ Date: _____

**THE SECTION BELOW IS TO BE COMPLETED BY CHILD CARE PROVIDER
If you are an individual provider, this statement must be notarized.**

NAME(S) of CHILDREN	WEEKLY HOURS	WEEKLY FEE
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Do you provide care during school vacations/ summers/ breaks? Yes or No Weekly Hours _____ \$ _____

Breakdown of Child Care Paid by: MONTHLY or WEEKLY (Please circle one)

CLIENT \$ _____ JFS \$ _____ OTHER \$ _____

I certify that the above information is true and correct.

Signature: _____ Date: _____ Telephone: _____

Sworn to before me and signed in my presence this _____ day of _____, 20 _____.

Notary Signature

Notary Seal:

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. . Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violations of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**

GMHA does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

