



1900 SE. 4<sup>th</sup> St., Gainesville, FL 32641  
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[www.gainesvillehousingauthority.org](http://www.gainesvillehousingauthority.org)

**EXECUTIVE DIRECTOR**  
 PAMELA E. DAVIS

**VERIFICATION OF CHILD CARE OR ATTENDANT CARE COSTS**  
 (COMPLETED BY THE PROVIDER)

Name of Head of Household: \_\_\_\_\_ Phone No. \_\_\_\_\_

Name of Child care Provider: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Person Completing this Form: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that I provide care on the following days for the hours indicated for the following children or dependent persons:

Name	Age	Circle days cared for	Hours	
			To	From
		M T W Th F S Su	am/pm	am/pm
		M T W Th F S Su	am/pm	am/pm
		M T W Th F S Su	am/pm	am/pm
		M T W Th F S Su	am/pm	am/pm
		M T W Th F S Su	am/pm	am/pm
		M T W Th F S Su	am/pm	am/pm
		M T W Th F S Su	am/pm	am/pm

Total Hours: \_\_\_\_\_ per week per bi-weekly per month

Cost of care to the family: \$ \_\_\_\_\_ ( ) per week ( ) per month

Amount paid by the family: \$ \_\_\_\_\_ ( ) per week ( ) per month

**\*Estimated amount paid by family for the next 12 months: \$ \_\_\_\_\_**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
 Signature of Care Provider

\_\_\_\_\_  
 Relationship to parent (if any)

**FAX OR EMAIL:** \_\_\_\_\_

**Important:** This form must be executed whenever a deduction from income is made

**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. Also, amounts received from providing childcare and attendant care are reportable to the Internal Revenue Service (IRS).  
 Rev. 05/19/2016