



Office: 910.628.7467 | 501 McDaniel St.
Fax: 910.628.0603 | P.O. Box 661
FHA@fairmonthousing.org | Fairmont, NC 28340

FairmontHousing.org   

Childcare Expense Verification

Client #: _____

Parent/Guardian (Print Name): _____

Signature: _____

To Be Completed By Childcare Provider

This is to verify that I, _____ provide childcare for:
[Please Print Name]

Child Name: _____ Age: _____

Child Name: _____ Age: _____

Child Name: _____ Age: _____

Child Name: _____ Age: _____

Child Name: _____ Age: _____

Child Name: _____ Age: _____

During the School Year (39 Weeks), My Pay Rate is:

\$ _____ Weekly \$ _____ Bi-Weekly \$ _____ Semi-Monthly \$ _____ Monthly

During School Vacation (13 Weeks), My Pay Rate is:

\$ _____ Weekly \$ _____ Bi-Weekly \$ _____ Semi-Monthly \$ _____ Monthly

The information given above is true to the best of my knowledge. I know that if I give false information, I may be subject to prosecution for fraud by the Housing Authority.

[Signature of Childcare Provider] _____ [Date]

Print Name: _____

SSN/EIN: _____ Phone: _____

Address: _____
[Street Name & Number] [City] [State] [Zip]