



200 Driving Park Circle, P.O. Box 108
Newark, New York 14513-0108
www.newarknyhousing.org

VERIFICATION OF CHILD CARE

NAME: _____
Tenant/Applicant

ADDRESS: _____

This is to certify that I pay to: _____
Care Provider Phone Number

\$ _____ per week for the care of my children while I am employed or attending school.
Amount Paid by Tenant/Applicant if assistance is received from a service agency please only show amount you pay.

\$ _____
Amount Paid by a service agency AGENCY (i.e.: Wayne County Dept. of Social Services, etc.)

\$ _____
Reimbursement Amount Reimbursement from (please list organization who reimburses child care payments to you)

If you pay more for summer months, please state amount for summer and for School months.

While School is in session \$ _____ Hours _____ During Summer Break \$ _____ Hours _____

SIGNED: _____ DATE: _____
Tenant/Applicant

CARE PROVIDER SECTION

This is to certify that I receive \$ _____ per week from _____
Tenant/applicant/parent hours

This is to certify that I receive \$ _____ per week from _____
AGENCY (i.e.: Wayne County Dept. of Social Services) hours

If you receive more for summer months please state amount for Summer and for School months.

While School is in session \$ _____ Hours _____ During Summer Break \$ _____ Hours _____

SIGNED: _____ DATE: _____
Care provider

ADDRESS: _____ PHONE: _____

PLEASE NOTE:

CERTIFIED STATEMENT

KNOWING THE PENALTY FOR MAKING A FALSE STATEMENT UNDER THE UNITED STATES CRIMINAL CODE, I HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND FULL STATEMENT.

SECTION 35(a) OF THE UNITED STATES CRIMINAL CODE MAKES IT A CRIMINAL OFFENCE PUNISHABLE BY A MAXIMUM OF 10 YEARS IMPRISONMENT, \$10,000 FINE OR BOTH, TO MAKE FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN THEIR JURISDICTION. THE INFORMATION GIVEN ABOVE WAS REQUESTED BY THE NEWARK HOUSING AUTHORITY AS A FEDERAL AGENCY.

Newark Housing Authority Office use only: _____
Staff Initials