



# Child Care Verification

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

RE: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_

\_\_\_\_\_

Child's Name: \_\_\_\_\_

\_\_\_\_\_

In order to establish eligibility for assistance, federal regulations require the Orange Housing Authority to verify all information on applicants and residents. Please furnish us with the information requested below. We assure you all information will be kept in strict confidence.

OHA Official: \_\_\_\_\_

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

Signature of Applicant/Resident: \_\_\_\_\_

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

## Office Use Only

If applicant **pays childcare**, fill in this section:

Name of Children: 1. \_\_\_\_\_ Age: \_\_\_\_\_

2. \_\_\_\_\_ Age: \_\_\_\_\_

3. \_\_\_\_\_ Age: \_\_\_\_\_

Amount of Fee: \$ \_\_\_\_\_ Amount Charged: \$ \_\_\_\_\_ (hr, wk, mo) Hours/day: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_ Parent(s): \_\_\_\_\_

Signature of Person Verifying: \_\_\_\_\_

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

Title of Person Verifying: \_\_\_\_\_

Telephone No. \_\_\_\_\_

**Warning:** Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to matters within its jurisdiction.

516 Burton Ave. \* Orange, TX 77630 \* (409) 883-5882 \* (409) 883-8014 fax \* [www.orangeha.com](http://www.orangeha.com)

### A FAIR HOUSING AND EQUAL EMPLOYMENT OPPORTUNITY AGENCY

*The Housing Authority offers accommodations for persons accessing its facilities, as required by the Americans with Disabilities Act. If you require special accommodations, please contact the Housing Authority office for assistance. Hearing impaired may contact Relay Texas at [1-800-735-2989](tel:1-800-735-2989) or 7-1-1.*