



*St. Charles Parish Housing Authority*  
200 Boutte Drive, P.O. Box 448, Boutte, LA 70039  
(985) 785-2601, Fax (985) 785-6238

**CHILDCARE VERIFICATION**

TO WHOM IT MAY CONCERN: Public Housing Authorities are required by Federal Law to verify any child care costs paid by their residents so that the costs may be taken into consideration when rent is computed for the family. You will note that the head of household has signed a release below, giving you permission to provide us with this information. If you could fill out the form below and return it in the self-addressed stamped envelope, at your earliest convenience, it would be most appreciated.

Sincerely yours, **Leatrice Hollis, Executive Director.**

---

**VERIFICATION**

I hereby certify that I provide care (first names of children cared for ) for \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

who reside in the household of (person signing the release below).

I care for the children so that a family member can: (check as applicable)

Work                                   Go to school

In the year beginning \_\_\_\_\_ and ending \_\_\_\_\_, I will be caring for the child(ren) \_\_\_\_\_ hours per week, \_\_\_\_\_ weeks of the year. My rate of pay is \_\_\_\_\_ per hour, and I will be paid:

Once a Week       Once Every Two Weeks       Once a Month

---

Initials: \_\_\_\_\_ *CHILDCARE VERIFICATION SCPA*



Care during the week is offered as follows:

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone#: \_\_\_\_\_ Title: \_\_\_\_\_

**TENANT/APPLICANT RELEASE**

I, \_\_\_\_\_, hereby authorize the release of the requested information.

\_\_\_\_\_  
Signature Date