

ROSEVILLE HOUSING AUTHORITY

311 VERNON STREET • ROSEVILLE, CA 95678 (916) 774-5270 • TDD (916) 774-5220 • FAX (916) 746-1295

CHILD CARE VERIFICATION

l,	, hereby authorize release of child care					
information to the Roseville			ning my el	gibility for the Housin	g Choice	
Voucher Section 8 Rental A	ssisiance Progra	III.				
 Date		Signature				
Date		Signature				
Name of child care provider:					_	
Address of child care provider:						
·						
	City		State	Zip	_	
Applicant/Participant: Com	•	rtion only and return		•	uthority	
NAME(S) OF CHILDREN A	TTENDING	WEEKLY HO	URS	WEEKLY FEE		
,				Φ.		
				\$		
				\$		
				\$		
				\$		
BREAKDOWN OF CHILD	CARE PAID BY:	Monthly Wee	ekly (Plea	ase circle one)		
CLIENT \$	PCOE \$	OTH	ER \$			
I understand that Section	1001 of Title 18	of U.S. Code ma	kes it a c	riminal offense to m	ake willful	
false statements of misrep		iny Department or	Agency of	of the United States	as to any	
matter within its jurisdiction						
			<u>-</u>			
Signature of Child-Care Provider		Date	ŀ	Phone Number		
D						
Please return this form to:		Roseville Housing Authority 311 Vernon Street				
	Roseville, CA 9					
•	PH # (916) 774 r FAX (916) 746-		ogram Sned	 cialist/Technician		