



A Community Partner,  
Helping People to Help Themselves

# Walla Walla Housing Authority

501 Cayuse Street  
Walla Walla WA 99362  
509-527-4542 \* Fax 509-527-4574  
Hearing-impaired use relay service  
www.wallawallaha.org \* wwha@wallawallaha.org



## VERIFICATION OF CHILD CARE EXPENSES

I give my permission to release this requested information regarding childcare expenses to Walla Walla Housing Authority.

Applicant/Participant \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED AND RETURNED BY CARE PROVIDER ONLY**  
**(Please return by MAIL or FAX - 527-4574)**

I, \_\_\_\_\_, provide childcare for the above named person/family for the child(ren) listed below:

\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

I am paid by the above named person \$ \_\_\_\_\_ per: HOUR DAY WEEK MONTH (circle one)

Average hours of service provided: \_\_\_\_\_ per: DAY WEEK MONTH (circle One)

I am also paid by: \_\_\_\_\_  
(Other than the above named person/family)

\$ \_\_\_\_\_ Per: HOUR DAY WEEK MONTH (circle One) for childcare to the above named child(ren).

Average hours of service provided: \_\_\_\_\_ per: DAY WEEK MONTH (Circle One)

<b>Signature of Child Care Provider:</b>	<b>Social Security or Tax Identification Number:</b>
<b>Address:</b>	<b>Telephone Number:</b>

**WARNING! TITLE 18, SECTION 1001 OF THE U.S. CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWING AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**