

VERIFICATION OF: Child Care/Dependent Care

Boulder County Homeownership Programs

AUTHORIZATION: Federal Regulations require us to verify Child Care/Dependent Care Expenses of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated.

Child Care/Dependent Care is performed on the following days for the hours indicated for the following person(s): _____

☐ M Hours: From _____ AM to _____ AM
_____ PM to _____ PM

☐ T Hours: From _____ AM to _____ AM
_____ PM to _____ PM

☐ W Hours: From _____ AM to _____ AM
_____ PM to _____ PM

☐ Th Hours: From _____ AM to _____ AM
_____ PM to _____ PM

☐ F Hours: From _____ AM to _____ AM
_____ PM to _____ PM

☐ Sat Hours: From _____ AM to _____ AM
_____ PM to _____ PM

☐ Sun Hours: From _____ AM to _____ AM
_____ PM to _____ PM

Total hours per week: _____, per month: _____

Amount received for care from the family:

\$ _____ ☐ per week; ☐ per month

Amount received for care from others (if any)

\$ _____ ☐ per week; ☐ per month

Estimated cost of care for the next 12 months
(include full-time summer care of school children, if applicable \$ _____)

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of _____ or
Authorized Representative _____

Title: _____

Date: _____

Telephone: _____

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.