

**LOUDOUN COUNTY DEPARTMENT OF FAMILY SERVICES
HOUSING CHOICE VOUCHER DIVISION
102 HERITAGE WAY, NE, SUITE 103
P.O. Box 7400
LEESBURG, VA 20177-7400
Office:703-777-0353 Fax:703-737-8895**

VERIFICATION OF CHILD CARE EXPENSES

This will authorize _____ (name of childcare provider) to release the information requested below.

Full Name (Please Print or Type)

Social Security Number (optional)

Signature

Street Address

Date

City State Zip

TO WHOM IT MAY CONCERN:

The individual named above is a resident/applicant for housing which has rents that are subsidized through the U.S. Department of Housing and Urban Development's Housing Choice Voucher Assistance Payment Program. Federal regulations require that in order for a family to be eligible for this form of assistance, the income of the family, expenses, and other information related to eligibility must be verified. The information requested below will be held in strict confidence as is required under the provisions of the Virginia Privacy Protection Act, and will be used only to determine the eligibility of the family for the housing subsidy. Thank you for your cooperation in completing those applicable portions of this inquiry and returning it in the enclosed, self-addressed envelope.

HCV Counselor Signature

Meg Asaro, Housing Counselor
Ursula Brinkley, Housing Counselor
Christine Hillock, Housing Counselor
Tandi Hoffmann, Housing Counselor

Date

Antwaun Jackson, HCV Division Manager
Yasmina Turner, Bilingual Housing Counselor
Cyndy Wyrick, Housing Counselor
Email Addresses: FirstName.LastName@loudoun.gov

TO BE COMPLETED BY CHILD CARE PROVIDER:

1. Name of child/children:

2. I am paid at the rate of \$ _____ per hour **during the school year.**
\$ _____ per week \$ _____ per month
3. I am paid at the rate of \$ _____ per hour **during school vacations/breaks.**
\$ _____ per week \$ _____ per month
4. If paid on an hourly basis, how many hours per week do you provide childcare;
- during the school year _____/week - during the school vacation _____/week
5. I am a (choose one) _____ daycare center or _____ family day care provider.
6. I am a (choose one) _____ licensed or _____ non-licensed provider.

I certify that the above information is true and correct.

Printed Name of Signatory/Representative

Telephone Number

Signature

Address

Date

City State Zip

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 any matter within its jurisdiction.