



The Salem Housing Authority is required by law to verify the Childcare Deductions for all persons applying for admission and re-certification for Federal Housing Assistance Program participation.

We kindly ask for your co-operation in supplying the information as indicated below. This information will be held in strict confidence as prescribed by both State and Federal laws and will be used only in determining eligibility for participation in these programs.

Form MUST be completely filled out by Childcare Provider or it will NOT be accepted.

Childcare Provider: _____

Childcare Provider's Address: _____

Childcare Provider's Tel. #: _____

Childcare Provider's Social Security #: _____

Name of Parents or Guardians: _____

Name(s) of Child(dren) that childcare is provided for: _____

Schedule of hours that	Monday	Friday
childcare is provided:	Tuesday	Saturday
	Wednesday	Sunday
	Thursday	Total Hours

Does Family have a child Care Voucher? Yes No

Amount of Weekly Parent Fee: \$ _____

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. This is signed under the penalties of perjury.

SIGNED: _____ DATE _____
 Childcare Provider's Signature

SIGNED: _____ DATE _____
 Applicant's Signature