

# Housing Authority of the City of Heber Springs

400 E. Spring St. P.O. Box 900 Heber Springs, AR 72543 | Phone: 501.362.6108 | Fax: 501.362.7818 | [www.hspha.com](http://www.hspha.com)

## Child Care Verification

To: \_\_\_\_\_

RE: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_

\_\_\_\_\_

Child's Name: \_\_\_\_\_

\_\_\_\_\_

In order to establish eligibility for assistance, federal regulations require the Heber Springs Housing Authority to verify all information on applicants and residents. Please furnish us with the information requested below. We assure you all information will be kept in strict confidence.

\_\_\_\_\_

**OHA Official:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Signature of Applicant/Resident:**

\_\_\_\_\_

**Date:**

<b>Office Use Only</b>
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If applicant **pays childcare**, fill in this section:

Name of Children: 1. \_\_\_\_\_ Age: \_\_\_\_\_

2. \_\_\_\_\_ Age: \_\_\_\_\_

3. \_\_\_\_\_ Age: \_\_\_\_\_

Amount of Fee: \$ \_\_\_\_\_ Amount Charged: \$ \_\_\_\_\_ (hr, wk, mo) Hours/day: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_ Parent(s): \_\_\_\_\_

\_\_\_\_\_

**Signature of Person Verifying:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Title of Person Verifying:**

\_\_\_\_\_

**Telephone No.**

**Warning:** Section 1001 of Title 18 of the U.S. code makes it criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to matters within its jurisdiction.

