



**HPRP Kansas City Project Hope
Neighborhood and Community Services Department
Human Services Division**



Child Care Expense Verification

The person listed below has applied for housing assistance under the Homelessness Prevention and Rapid Re-Housing Program (HPRP) of the U.S. Department of Housing and Urban Development (HUD). HUD requires that we verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning the form in the self-addressed return envelop within 10 days. The applicant has consented to this release as indicated below.

Name of Requesting Organization: _____
 Street Address (including city, state, zip): _____
 Case Manager Signature: _____ Date: _____
 Phone: _____ Fax: _____

Name of Applicant: _____
 Street Address (including city, state, zip): _____
 Applicant Signature: _____ Date: _____

Child Care Facility or Provider's Name: _____
 Street Address (including city, state, zip): _____
 Phone: _____

All information below this line is to be completed by the Child Care Facility or Provider.

I certify that I provide child care for the following children: _____

I am paid \$ _____ () per week or () per month during the school year

I am paid \$ _____ () per week or () per month during the summer

***** If irregular child care is provided please complete below *****

I am paid at the hourly rate of \$ _____ and provide child care for _____ hours weekly during the school year

I am paid at the hourly rate of \$ _____ and provide child care for _____ hours weekly during the summer

Provider Name: _____

Provider Signature: _____ Date: _____

Tax ID # or Social Security #: _____

Please return verification form to the agency listed above.