



WAUKEGAN HOUSING AUTHORITY

Executive Director/CEO
Charles J. Chambers, Jr.

Chairman
Eleanor Murkey

Vice-Chairman
Michelle Obleton

Commissioners
Kittie Harden
Juan Martinez
Jesus Gerena

CHILD CARE VERIFICATION

Agency Name and Address

Company Phone# _____

Fax # _____

Date

Client Information

Name: _____

Address: _____

City/St/Zip: _____

Resident Phone # _____

Client Signature

PLEASE DO NOT COMPLETE ANYTHING BELOW THE DOTTED LINE

I do by certify that I provide child care for the following children:

Name of Child(ren): _____

Rate of Pay: Monthly \$ _____ Weekly \$ _____ Bi-Weekly \$ _____

Hours of care: _____ Am/Pm To: _____ Am/Pm Days per week: _____

Effective date of care: _____ Termination/End Date: _____

Is care provided during summer months ____ Yes ____ No / Or during school Holidays ____ Yes ____ No

If Yes, the rate of pay is: \$ _____ Relationship (If applicable) _____

Representative Signature

Date

Warning: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT. ALSO AMOUNTS RECEIVED FROM PROVIDING CHILD CARE ARE REPORTABLE TO THE INTERNAL REVENUE SERVICE. (IRS).