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Child Care Verification

To: _____ **Re:** _____

Address: _____ **SS#:** _____

_____ **Phone:** _____

In order to establish the eligibility for assistance, Federal Regulations require the Port Arthur Housing Authority to verify all information on applicants and residents. Please furnish us with the information requested below.

Marva Purkerson @ Fax #409-984-2679
PAHA Section 8 Clerk

I hereby authorize the release of information requested on this verification form to the Port Arthur Housing Authority.

Signature of Applicant/Tenant

Date

*******APPLICANT DO NOT WRITE BELOW THIS LINE*******

If applicant/tenant pays for childcare, fill in this section:

Name of Children

Age

- 1. _____
- 2. _____
- 3. _____
- 4. _____

- _____
- _____
- _____
- _____

Amount of Fee: \$ _____ **Weekly** _____ **Bi-weekly** _____ **Semi-Monthly** _____ **Monthly** _____

Does a State Agency help pay this fee? _____ **If so how much?** \$ _____ **How much of the fee does the parent pay?** \$ _____ **Hours per day:** _____ **Days per week:** _____

Firm Name; _____ **By:** _____

Address: _____ **Title:** _____

Phone Number: _____ **Date:** _____

Social Security Number or Tax ID Number: _____ **(for IRS purposes)**

WARNING: Title 18, Section 1001 of the United States Code, States that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.