



GARFIELD COUNTY HOUSING AUTHORITY
1430 RAILROAD AVENUE, UNIT F
RIFLE, CO 81650
(970) 625-3589 or (888) 627-3589
Fax (970) 625-0859 * TTY (800) 659-2656

Verification of Child Care or Attendant Care Costs from Provider

I (name of provider) _____ do hereby certify I provide care for (head of household) _____ dependant children or provide attendant care for the following persons:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

I certify the following information to be true and accurate to the best of my ability.

Total hours _____ per week or _____ per month

Cost of care: \$ _____ per week or \$ _____ per month

Amount paid by family: \$ _____ per week or \$ _____ per month

Does anyone else pay a portion or all of the costs of care for this family? If yes, who?

Estimated cost of care for the upcoming 12 months: \$ _____

Signature of provider

Relationship to head of household if any

Address of provider

Phone number

Date

Important: This form must be executed to allow a deduction from income to be made.



Warning: Section 1001 of Title 18 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

