



# THE NEW REIDSVILLE HOUSING AUTHORITY

924 Third Avenue, Reidsville, NC 27320  
Phone: 336-589-6510 • Fax: 888-879-8030  
Website: WWW.NEWRHA.ORG

## CHILD CARE VERIFICATION

TO WHOM IT MAY CONCERN: Public Housing Authorities are required by Federal Law to verify any childcare costs paid by their residents so that the costs may be taken into consideration when rent is computed for the family. You will note that the head of household has signed a release below, giving you permission to provide us with this information. If you could fill out the form below and return it in the self-addressed stamped envelope, at your earliest convenience, it would be most appreciated.

Sincerely yours,

Acie Scales, Section 8 Specialist

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### VERIFICATION

I hereby certify that I provide care for the following child(ren), \_\_\_\_\_  
\_\_\_\_\_

who reside in the household with their parent, \_\_\_\_\_.

I care for the children so that a family member can: (circle as applicable)    Work    Go to school

In the year beginning \_\_\_\_\_ and ending \_\_\_\_\_, I will be caring for the child(ren) for  
\_\_\_\_\_ hours per week, \_\_\_\_\_ #weeks of the year. My rate of pay is \_\_\_\_\_ per hour, and I  
will be paid:    once a week    every two weeks    once a month

Care during the week will be offered as follows:

Monday: \_\_\_\_\_ hours    Tuesday: \_\_\_\_\_ hours    Wednesday: \_\_\_\_\_ hours    Thursday: \_\_\_\_\_  
hours    Friday: \_\_\_\_\_ hours    Saturday: \_\_\_\_\_ hours    Sunday: \_\_\_\_\_ hours

Caregivers Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Caregivers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### TENANT/APPLICANT RELEASE

I, \_\_\_\_\_, hereby authorize the release of the requested information and certify that the above information is correct.

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by RHA Staff: \_\_\_\_\_ Date: \_\_\_\_\_