

HOUSING AUTHORITY CITY OF ELKHART
Housing Choice Voucher Program



EST. 1962

1396 Benham Avenue
Elkhart, Indiana 46516

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EQUAL HOUSING
OPPORTUNITY

VERIFICATION OF CHILD CARE EXPENSE

Information to be reported only for rent calculation.

Childcare deductions allowed only for children under the age of twelve.

THIS SECTION TO BE COMPLETED BY CLIENT:

Client authorization: I give my permission to release the requested information regarding child care expenses to the Elkhart Housing Authority.

Signature: _____ Date: _____

Name of Childcare Provider: _____

Childcare Provider Street Address: _____

Childcare Provider City, State, and Zip: _____

Childcare Provider Phone Number: _____

THIS SECTION IS TO BE COMPLETED BY CAREGIVER:

I Provide Child Care For (Parent Name): _____

Name(s) of Children Cared For: _____

Childcare is Provided From _____ AM to _____ PM.

I am Paid at the Rate of \$ _____ Per Week, OR \$ _____ Per _____

Step Ahead/CANI Pays: _____ Parent Co- Pay, if any: _____

Comments: _____

*Caregiver Signature: _____ Date: _____

*PLEASE NOTARIZE IF PRIVATE CARE! Notary Signature: _____

Address: _____ Phone: _____

Date Started: _____ Date Ended: _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.