THE HOUSING AUTHORITY

CITY OF HOLLY SPRINGS

700 Hwy 4 East · Post Office Box 550
Holly Springs, Mississippi 38635
Ph: (662) 252-2971

CHILDCARE VERIFICATION

_____
Date

RE: _____

_____

_____

The above family stated that you provide child care so that ( ) Employment ( ) Education may be pursued.

Please provide the information that is requested below. It will be used only for the purpose of determining the family's eligibility and rent for assisted housing and will not be disclosed except in accordance with federal regulations or state law.

Your assistance and prompt response will be appreciated.

Sincerely,

_____
Housing Authority Representative

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I provide child care for the family named above. This care is performed as follows:

Name (s) of child/ren: _____

_____

Hours per day _____ Charge per day/week $_____ Days per week _____

The information provided is accurate and correct. I understand that providing false information is a violation of federal regulations and state law.

_____
Name of Facility/Person Providing Care

Signature: _____

Title/Position: _____

Address: _____

_____

Phone #: _____

SS# or Federal ID#: _____