



APPLICANT/TENANT CERTIFICATION FOR CHILDCARE EXPENSES

I/We certify that the following represents true and accurate statements regarding our household circumstances related to childcare

Child/Children cared for are under 13 years of age.

REASON FOR CARE (CHECK ONE)

Such care enables a family member to work.

Member's name: _____

Occupation: _____

Employer Address and Phone #: _____

Hours worked: _____ weekly monthly

Such care enables a family member to seek employment after losing a job.

Such care enables a family member to attend vocations or academic courses.

Member's name: _____

Course: _____

Employer Address and Phone #: _____

Hours at school: _____ weekly monthly

Childcare costs are not paid to anyone in our household; they are paid to:

Name: _____

Address and Phone#: _____

No adult household member is capable of providing care during the hours care is required.

I/We do not receive reimbursement for childcare costs from any agency or individual outside of the household.

I/We recognize that the above statements are subject to a third party verification.

Signature: _____



One Forrestal Heights • Beacon, NY 12508
t: 845.831.1289 • f: 845.831.1370
beaconhousingauthority.org