



HOUSING AUTHORITY

of the City of Beaumont, Texas

Child Care Verification

To: _____

RE: _____

Address: _____

SSN: _____

Child's Name: _____

In order to establish eligibility for assistance, federal regulations require the Beaumont Housing Authority to verify all information on applicants and residents. Please furnish us with the information requested below. We assure you all information will be kept in strict confidence.

BHA OFFICIAL:

Date:

I hereby authorize the release of the information requested below.

Signature of Applicant/Resident:

Date:

Office Use Only

If applicant **pays childcare**, fill in this section:

Name of Children:	1. _____	Age: _____
	2. _____	Age: _____
	3. _____	Age: _____
	4. _____	Age: _____

Amount of Fee: \$ _____ Amount Charged: \$ _____ (hr, wk, mo) Hours/day: _____

Date of Enrollment: _____ Parent(s): _____

Signature of Person Verifying:

Date:

Title:

Telephone No.

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

1890 Laurel Street ♦ Beaumont, TX 77701 ♦ (409) 951-7200 ♦ (409) 951-7270-fax

ADA/504 Coordinator Katherine Mitchell at 409-951-7222 phone, 409-951-7272 fax, or email counselor7@bmtha.org

A FAIR HOUSING AND EQUAL EMPLOYMENT OPPORTUNITY AGENCYThe Housing Authority offers accommodations for persons accessing its facilities, as required by the Americans with Disabilities Act. If you require special accommodations, please contact the Beaumont Housing Authority office for assistance. Hearing impaired may contact Relay Texas at [1-800-735-2989](tel:1-800-735-2989) or 7-1-1. "si usted necesita este documento traducido por favor llame al 409-951-7200" "nếu bạn cần tài liệu này xin vui lòng gọi 409-951-7200 dịch"