

VERIFICATION OF CHILD CARE EXPENSE

To: _____

Dear Sirs:

I have applied with the DEPARTMENT OF COMMUNITY SERVICES Section 8 Housing Assistance Payments Program for assistance with my rent.

I hereby authorize you to furnish information on my child care expenses as requested by the DCS.

Date: _____

FORWARD TO: DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU
842 Bethel Street, 1st Floor
Honolulu, Hawaii 96813

If you have any question please call:
PH: 768-7096

APPLICANT/CHILD: _____

Child care charges during the school year =

\$ _____ per month
\$ _____ per week
\$ _____ per hour (If paid hourly rate, indicate average number of hours per week: _____)

Child care charges during the school vacation =

\$ _____ per month
\$ _____ per week
\$ _____ per hour (If paid hourly rate, indicate average number of hours per week: _____)

SIGNED: _____
TITLE: _____
ADDRESS: _____
PHONE: _____ DATE: _____