



**CHILD CARE EXPENSE VERIFICATION**

This is to verify that I provide child care for \_\_\_\_\_  
(Parents Name)

Name (s) of child/children \_\_\_\_\_  
\_\_\_\_\_

I am paid at the amount of \$ \_\_\_\_\_, per Week (\_\_\_) Biweekly (\_\_\_) Month (\_\_\_)  
(Only include family paid expenses. DO NOT include amounts paid by any other sources –  
i.e. Care for Kids, Payment from anyone who does not reside in the home, etc.)

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Subscribed and sworn to before me, a notary public, in and for the County of

\_\_\_\_\_, State of \_\_\_\_\_, this \_\_\_\_\_ day

Of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires