HOUSING AUTHORITY OF FORT FAIRFIELD

18 Fields Lane
Fort Fairfield, Maine 04742
Phone 207-476-5771
Fax 207-476-5450

CHILD CARE FORM

This form must be dated, signed and completed by the child care provider.

Childcare Provider _____
Address: _____
Telephone Number _____

Person for whom you are babysitting for: _____

Name of child (ren) you are taking care of: _____

How much do you receive per hour? _____

How many hours per week? _____

If the amount you receive each week varies, please use the bottom section of this form to record your earnings.

WEEK #1: FROM _____ TO _____ $ _____

WEEK #2: FROM _____TO _____$ _____

WEEK #3: FROM _____TO _____$ _____

WEEK #4: FROM _____TO _____$ _____

_____ _____

Signature of Childcare Provide Date

_____ _____

Signature of Tenant/Applicant/Other Date

I have been made aware of the provisions of Section 1001 of Title 18 of the U.S. Code. I understand that it is a criminal offense, punishable by $10 , 000 .00 fine or 10 years imprisonment 9r both , to make willful statements of misrepresentation to any Department or Agency of the United · States as to any matter within its jurisdiction.