

**CHILDCARE FORM**

MOULTRIE HOUSING AUTHORITY  
P O BOX 1058  
MOULTRIE, GA. 31776  
229-985-4162

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

We are required to verify the expenses of applicants and tenants in our affordable housing developments. We have been advised by \_\_\_\_\_ that you provide childcare for his/her children. Please provide the following information on children who are less than **13** years old.

Michael Boatwright  
Executive Director

Names of Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much do you receive for childcare services?

\$ \_\_\_\_\_ per week.

\_\_\_\_\_  
Signature of Childcare provider

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number