

(530) 895-4474
FAX (530) 895-4459
TDD/TTY (800) 735-2929
(800) 564-2999 Butte County Only
WEBSITE: www.butte-housing.com
2039 Forest Avenue • Chico, CA 95928

CHILDCARE VERIFICATION

Childcare Provider Address			Applicant/Tenant	
			City/Zip Code	
	would greatly app		lies applying for housing a return of this information.	
What is the amount the Is the amount differen	family is required to nt for each child? Y \$	contribute for childcar Yes No If Yes, pl	ease list the amounts per ch	Yes□ No□
Child	Hrs.	Child	Hrs.	
Child	Hrs.	Child	Hrs.	
If you charge by the hour	please list amount, if	charge by the week lis	t amount, by month list amou	nt <u>.</u>
Amount Per Hour Per Child\$ Per Month Per Child \$			Child \$	-
1. Number of hours per	day / per week <u>duı</u>	ing SUMMER MC	<u>NTHS</u> per child:	
Child	Hrs.	Child	Hrs.	
Child If you charge by the hour p	Hrs.	Child charge by the week list	Hrs. amount, by month list amount	
Amount Per Hour Per C Per Month Per Child			•	
Signature of Provider	Г	Pate	Phone	



