

**HOUSING AUTHORITY OF HARTSVILLE  
POST OFFICE DRAWER 1678  
HARTSVILLE, SOUTH CAROLINA 29551**

\_\_\_\_\_  
DATE

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

WE ARE REQUIRED TO VERIFY THE INCOME AND EXPENSES OF APPLICANTS, AS WELL AS RESIDENTS THAT PARTICIPATE IN ANY OF OUR FEDERALLY SUBSIDIZED PROGRAMS. THIS INFORMATION IS REQUIRED IN ORDER TO DETERMINE A FAMILIES ELIGIBILITY AND RENT AND WILL BE HELD IN CONFIDENCE.

WE HAVE BEEN ADVISED BY \_\_\_\_\_ THAT YOU TAKE CARE OF HIS/HER CHILD/CHILDREN. PLEASE FILL IN THE INFORMATION REQUESTED BELOW.

SINCERELY,  
HOUSING AUTHORITY OF HARTSVILLE

TOMIKA BERRY  
PH MANAGER

NAME OF CHILD CARED FOR	HOURS & DAYS CARE IS PROVIDED	AMOUNT PAID TO YOU, PER CHILD	ARE YOU PAID WEEKLY, MONTHLY, OR BI-WEEKLY

TOTAL AMOUNT OF CHILD CARE RECEIVED IS \$ \_\_\_\_\_ PER \_\_\_\_\_

IS ANY OF THE ABOVE AMOUNTS PAID BY ANY AGENCIES, OTHER PROGRAMS, OR VOUCHERS ON BEHALF OF THE PARENT? \_\_\_\_\_ IF YES, THE TOTAL AMOUNT PAID BY OTHER SOURCES IS \$ \_\_\_\_\_ PER \_\_\_\_\_ AND THE TOTAL AMOUNT PAID BY THE PARENT IS \$ \_\_\_\_\_ PER \_\_\_\_\_.

YOUR SIGNATURE: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

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

NAME OF DAYCARE CENTER (IF APPLICABLE) \_\_\_\_\_