



**East Hartford Housing Authority**  
546 Burnside Ave, East Hartford, CT 06108

Main Office  
860-290-8301

Maintenance/24 Hour Emergency  
860-290-8300

TDD 1-800-545-1833 ext 216

Finance Dept Fax  
860-290-8308

Leasing Dept Fax  
860-289-1688

www.ehousing.org

**Child Care Expense Form**  
**Statement from Applicant/Participant**

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

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

This is to certify that I pay to:

Name of Child Care Provider: \_\_\_\_\_

Address of Child Care Provider: \_\_\_\_\_

Total amount of \_\_\_\_\_ per \_\_\_\_\_ for the care of my children as follows:

Name of Child \_\_\_\_\_ hours of care \_\_\_\_\_

Name of Child \_\_\_\_\_ hours of care \_\_\_\_\_

Name of Child \_\_\_\_\_ hours of care \_\_\_\_\_

Name of Child \_\_\_\_\_ hours of care \_\_\_\_\_

The expense is so that I can:

\_\_\_\_\_ Work \_\_\_\_\_ Attend vocational or academic courses

\_\_\_\_\_ Seek new employment after losing my job

I certify that I receive no reimbursement for the above expense.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Participant's Signature

ROBERT N KEATING  
CHAIRMAN

PRESCILLE YAMANOTO  
VICE CHAIRMAN

HAZELANN B COOK  
COMMISSIONER

JOHN CARELLA  
COMMISSIONER

JAMES PATTERSON  
COMMISSIONER

DEBRA BOUCHARD  
EXECUTIVE DIRECTOR

RALPH J ALEXANDER  
LEGAL COUNSEL

EQUAL HOUSING OPPURTUNITY



EQUAL OPPORTUNITY EMPLOYER



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**Verification of Child Care Expense  
Statement from Child Care Provider**

I hereby authorize you to release the following information:

To: East Hartford Housing Authority  
546 Burnside Avenue  
East Hartford, CT 06108

Re: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant/Participant Signature

This is to certify that I receive \$ \_\_\_\_\_ per \_\_\_\_\_ for child care services provided to the following children for the above individual:

Name of Child \_\_\_\_\_ hours of care \_\_\_\_\_  
Name of Child \_\_\_\_\_ hours of care \_\_\_\_\_  
Name of Child \_\_\_\_\_ hours of care \_\_\_\_\_  
Name of Child \_\_\_\_\_ hours of care \_\_\_\_\_

Check which applies:

\_\_\_\_\_ I certify that I receive no reimbursement from any third party towards the above expense.  
\_\_\_\_\_ I certify that I receive \$ \_\_\_\_\_ per \_\_\_\_\_ towards the above child care expense from \_\_\_\_\_.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Child Care Provider

Name of Child Care Provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

- ROBERT N KEATING  
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