



CHARTER OAK
COMMUNITIES

CHILD CARE EXPENSE VERIFICATION

This is to verify that I provide child care for _____
(Parents Name)

Name (s) of child/children _____

I am paid at the amount of \$ _____, per week ()
month ()

Subscribed and sworn to before me, a notary public, in and for the County of
_____, State of _____, this _____ day
Of _____ 20_____.

Notary Public

My Commission Expires

Signed: _____

Date: _____

Address: _____

Telephone: _____