Tuscarawas Metropolitan Housing Authority

134 Second St. SW, New Philadelphia, OH 44663
Telephone: (330) 308-8099
Fax: (330) 339-0115
Web Site: www.tuscarawasmha.org

BABYSITTER INCOME VERIFICATION FORM

DATE: _____, 20_____

*****THE FOLLOWING MUST BE FILLED OUT BY THE FAMILY WHICH RECEIVES THE BABYSITTING SERVICE:

NAME OF FAMILY: _____

PHONE NUMBER OF FAMILY: _____

CHILD'S NAME	**HOW MANY DAYS**	**AMOUNT OF MONEY**
1. _____	_____WEEKLY	$_____WEEKLY
	_____MONTHLY	$_____MONTHLY
2. _____	_____WEEKLY	$_____WEEKLY
	_____MONTHLY	$_____MONTHLY
3. _____	_____WEEKLY	$_____WEEKLY
	_____MONTHLY	$_____MONTHLY
4. _____	_____WEEKLY	$_____WEEKLY
	_____MONTHLY	$_____MONTHLY

*****I, _____ (BABYSITTER NAME) VERIFY THAT THE ABOVE INFORMATION IS SUFFICIENT PROOF OF MY BABYSITTING SERVICE.

SIGNATURE OF FAMILY: _____

DATE: _____

SIGNATURE OF BABYSITTER: _____

DATE: _____