



Aiken Housing Authority-Public Housing
P.O.BOX 889
Aiken, SC 29802-0889
Phone#:803-649-6673
Fax#:803-643-0069

Childcare Expenses

Family Name: _____

(under age 13 years old)

List Child (ren) Name:

Amount paid: Weekly: \$ _____

Bi-Weekly:\$ _____

Monthly:\$ _____

Childcare Provider Name: _____

Address: _____

Phone Number: _____

Federal Tax Identification# _____

(This Documents Must be Notarized)

Childcare Provider by filling out this document and having it notarized you are verifying that this information is true, Any falsified information given may effect assistance to the family.