

MONTHLY INVOICE
HUD-OIG CHILD CARE TUITION ASSISTANCE PROGRAM

US Department of Housing and Urban Development
Office of Inspector General

Month: _____ **Year:** _____

Childcare Provider Name: _____

HUD-OIG Employee (Parent) Name: _____

Child1 Name: _____ **Child1 Age:** _____

Child2 Name: _____ **Child2 Age:** _____

Child3 Name: _____ **Child3 Age:** _____

Please indicate the total child care charges for services rendered for each week during the month:

Week 1 Total Charges for Services Rendered: _____

Week 2 Total Charges for Services Rendered: _____

Week 3 Total Charges for Services Rendered: _____

Week 4 Total Charges for Services Rendered: _____

Week 5 Total Charges for Services Rendered: _____

Total Charges for the Month: _____

I certify that I am a full-time or part-time permanent US Department of Housing and Urban Development Office of Inspector General (HUD-OIG) Employee; that my total family adjusted gross income did not exceed \$59,999; that my child/children listed above receive care in a licensed or regulated childcare facility; and my child/children is/are 13 years old or younger (18 years old or younger if my child/children is/are disabled). I understand that any assistance I receive from this program may be taxable income. I will notify First Financial Associates in writing if and when my child/children are no longer enrolled in the childcare facility listed on my application. I understand I must submit a new OPM-1644 if I change my child care provider. I understand that it is a Federal crime under United States Code 18, Section 1001, to make a false statement on this form. If I make a false statement, I agree to be subject to criminal prosecution and punishment including a fine, imprisonment, or both. In addition, I may be subject to administrative punishment, including the termination of my federal employment.

I certify that the above information is true and correct to the best of my knowledge.

Parent Signature: _____ **Date:** _____

Provider Signature: _____ **Date:** _____

Provider Title: _____

Forward invoice to: First Financial Associates
HUD-OIG CCTAP Program
7079 Hayden Quarry Road
Lithonia, GA 30038