



# CHILDCARE EXPENSES

I/We \_\_\_\_\_, hereby state that I/We have child care expenses that have to be paid each month.

Current amount paid \$\_\_\_\_\_ per \_\_\_\_\_.

Date: \_\_\_\_\_

Child Care Provider:

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Completed by

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

Notary Public