



Neighborhood Counseling Services

111 Shirley Picard Drive
Lafayette, LA. 70501

Phone: (337) 291-5450 Fax: (337) 291-5459

Verification of Employment

Employed since: _____ Occupation: _____

Salary: _____ Effective date of last increase: _____

Base pay rate: \$ _____/hour; OR \$ _____/week; OR \$ _____/month

Average hours/week at base pay rate: _____ hours

No. weeks worked/year _____ Overtime pay rate: \$ _____/hour

Expected average of overtime hours to be worked per week during next 12 months _____

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

For: _____ \$ _____ per _____

Is pay received for vacation? Yes No If Yes, no. of days per year _____

Total base pay earnings for past 12 mos. \$ _____

Total overtime earnings for past 12 mos. \$ _____

Expected date of any pay increase: _____

Access to a retirement account? Yes No Amount that can be accessed _____

Signature of Authorized Representative Date

Title Phone

AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. Information will be used only to determine the eligibility status and level of benefit of the household.

RELEASE: I hereby authorize the release of the requested information.

Print Applicant Name

Signature of Applicant Date

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.