



Neighborhood Counseling Services

111 Shirley Picard Drive
Lafayette, LA. 70501

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

Verification of Child Support Payments

Name of Person Paying Child Support: _____

Address of Person Paying Child Support: _____

Support is for his her children

Name (s) of children being supported:

Amount of support:

\$ _____ Week Month Year

Signature of Authorized Representative

Date

Title

Phone

AUTHORIZATION: Federal Regulations require us to verify Child Support Payments made to all members of the household applying for participation in the program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This 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.