



Neighborhood Counseling Services

111 Shirley Picard Drive
Lafayette, LA. 70501

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

Verification of Social Security Benefits

Social Security Data

_____ Date of birth

_____ Gross monthly Social Security Benefit amount, type of benefit

_____ Gross monthly Supplemental Security Income payment amount
(including state supplement), type of benefit

Signature of Authorized Representative

Date

Title

Phone

AUTHORIZATION: Federal Regulations require us to verify Social Security Benefit Income of 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.