

This form needs to be notarized in order for it to be valid.

This form is to be completed if you do not receive pay stubs or you're unemployed.



WAGE VERIFICATION FORM

Date: ____/____/____

Mother/Father (The person filling out form): _____

Child's Name: _____ Child's DOB: _____

☐ Yes, this person is currently employed by me or my company. (Complete this portion only).

- Gross wages issued in current calendar year (January 1, 2014 to December 31, 2014)
\$ _____ for the month(s) of _____ - _____
- Payments were issued ____ Once per week ____ Bi-Weekly ____ Monthly
- If employee is new to the job, please give the first date payment was received ____/____/____

☐ I am not employed at all. (Complete this portion only).

- I received Child Support/Alimony ____ Bi-Weekly ____ Monthly in the amount of \$ _____
Type of Documentation Provided: ____ Check Stub ____ Money Order Stub ____ Court Documentation ____ Letter
- I received help from a family member ____ Bi-Weekly ____ Monthly in the amount of \$ _____
- Does the child receive Social Security Income ____ Yes ____ No

Please provide supporting documentation for Child Support or if a family member is assisting you, please have the family member complete the bottom portion of this form.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of state funds, NCPK officials may verify the information on the wage verification form, and that deliberate misrepresentation of information may subject me to prosecution under applicable state laws.

Parent Name

Parent Signature

Date

EMPLOYER or FAMILY MEMBER FILLING OUT THIS FORM

Employer and/or Family Member's Name

Company Name/Relationship

Company/Home/Cell Number

Company/Home Address

City, State

Zip

Sworn to and subscribed before me

This _____ day of _____, 20__

SEAL

Notary Signature