

**DIVISION OF SOCIAL SERVICES**  
**INCOME SALARY VERIFICATION**

**Applicant:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\* \* \* \* \*

Dear Sir/Madam:

The Navajo Nation Division of Social Services as a part of certifying prospective adoptive parents is verifying the income of all applicants. We will hold the information given in strict confidences for use only in determining the certification status of the applicant.

Please complete and return the form to the address provided by the worker, we appreciate your prompt return of the information.

Social Worker: \_\_\_\_\_ Telephone Number: (928) 871-6806

**Send to: Navajo Children & Family Services Program, P.O. Box 1930, Window Rock, AZ 86515**

\* \* \* \* \*

I HEREBY AUTHORIZE THE RELEASE OF INFORMATION REGARDING MY ANNUAL INCOME TO THE DIVISION OF SOCIAL SERVICES FOR USE IN VERIFYING MY INCOME.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

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

\* \* \* \* \*

**TO BE COMPLETED AND SIGNED BY YOUR EMPLOYER ONLY:**

\_\_\_\_\_  
Employee's Job Title

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Employee's Salary and Compensation:

Hourly Rate \$ _____	\$ _____
<input type="checkbox"/> Contract/Agreement	\$ _____
<input type="checkbox"/> Unemployment Compensation	\$ _____
Other Compensation: _____	\$ _____

**TOTAL SALARY AND COMPENSATION: (per annum) \$ \_\_\_\_\_**

**ALL INFORMATION HEREIN GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:**

Name (Print): _____	Employer: _____
Title: _____	Telephone: _____
Date: _____	Address: _____
Signature: _____	