



178 Mechanic Street, Lebanon, NH 03766  
Phone (603) 448-1615 Fax (603) 448-4397

**EMPLOYER  
VERIFICATION OF GROSS INCOME**

*Fill this form out in order to verify sliding fee scale level.*

**Note:** *Whenever there is a change in the applicant's job, hours or wage he/she must complete this form again.*

**Release:** *I hereby authorize my employer to release to the Children's Center of the Upper Valley the information requested below.*

**Employee's name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section Below To Be Filled Out By The Employer**

**Employer name:** \_\_\_\_\_

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

**Date employment began:** \_\_\_\_\_ **Wage/hr** \_\_\_\_\_ **Hrs/Week** \_\_\_\_\_  
**OR Salary:** \_\_\_\_\_ **Per** \_\_\_\_\_

**Total number of hours worked per week. Please include weekends:** \_\_\_\_\_

**Signature of person completing form:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you,**

**Jennifer Hosmer**  
Program Director



Upper Valley United Way