**Letter to Verify Income**

This statement is to confirm that is employed at

*Name of Employee*

 .

*Name of Employer*

 received a gross income (before deductions for

*Name of Employee*

taxes, social security, insurance, etc.) of $ on / / .

*Date*

The frequency of payment is:

Weekly Every two weeks Twice a month Monthly Annually

 /

**Signature of Employer Title Date**

( )

**Address State Zip Code Telephone Number**