# Letter to Verify Employment

The employer may submit a statement, on **company letterhead**, for verification. The statement must include:

1. The name of the individual receiving the income
2. The gross amount of income received
3. The frequency of income received (i.e. weekly, every two weeks, twice a month, monthly or annually for seasonal or self-employed)

**A sample letter could be written as follows:**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of Employer Title Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** **State Zip Code** **Telephone Number**

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