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