Income and Employment Verification Form Letter
For use by applicant when obtaining verification of income and employment

| Company or Employer Name:  |         |           |          |        |
|--|---------|-----------|----------|--------|
| Name of the employee:  |         |           |          |        |
| Rate of pay that employee receives (e.g., \$ 8.50 per hour, \$200 per week):                           |         |           |          |        |
| Number of hours worked per week: (e.g., 30 hours):   |         |           |          |        |
| Employee's schedule (days worked, and hours worked per day: (e.g., Monday through Thursday 8AM – 2 PM) |         |           |          |        |
| Monday   | Tuesday | Wednesday | Thursday | Friday |
| Signature by official of the company:  |         |           |          |        |
| Name, title, phone number of company official or employer:   |         |           |          |        |
|  |         |           |          |        |