



Letter to Verify Income

Patient Name: _____ DOB: _____

Today's Date: _____

To Whom It May Concern:

This letter serves to verify my income as I have no other income documentation available to me. I am

/my spouse is employed at _____
place of employment

explain

I/my spouse receives \$ _____ cash. The frequency of this pay is (*weekly, every two*
gross amount

weeks, monthly or it varies). I last received this amount on _____
date

Sincerely,

X

Patient Signature