

Income Verification for Lost Work

Date:

To Whom It May Concern,

This letter is to verify that the individual named below has experienced a loss of work income.

Employee Name:

Employer Name:

Job Title/Position:

Employment Start Date:

Last Day Worked:

Reason for Loss of Work:

Average Monthly Income (before loss):

If additional information is required, please contact:

Contact Name:

Contact Phone Number:

Contact Email:

Sincerely,

Signature

Title

Date