PROOF OF INCOME LETTER

Employer: _____ Address: _____ Phone: _____

Date: _____

To: _____ (or "To Whom It May Concern") Company or agency: _____

Re: Verification of employment and income for _____ Reference (optional): _____

1. PURPOSE

I am writing on behalf of _____ to confirm the employment and income of _____. This letter is provided to support that person's [ ] rental application [ ] loan or mortgage application [ ] application for government benefits [ ] immigration application or sponsorship [ ] other: _____.

2. POSITION

Start date: _____ Job title: _____ Department (optional): _____

[ ] Full-time employee [ ] Part-time employee [ ] Seasonal employee [ ] Independent contractor, not an employee

[ ] No set end date [ ] Scheduled to end on _____

3. PAY (GROSS, BEFORE TAXES AND DEDUCTIONS)

[ ] Annual base salary: _____ per year

[ ] Hourly rate: _____ per hour, usually about _____ hours per week

[ ] Fixed fee (contractors): _____ per [ ] week [ ] month [ ] year

[ ] Variable pay based on _____, averaging _____ per _____ over _____

Paid: [ ] weekly [ ] every two weeks [ ] twice a month [ ] monthly [ ] other: _____

Estimated gross pay for a full year (optional, an estimate and not a guarantee): _____

Extra pay (optional): [ ] overtime: _____ [ ] bonuses: _____ [ ] other: _____

Gross earnings from January 1 through _____: _____

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4. RECORDS AND RELEASE

The information in this letter comes from the employer's payroll, personnel or payment records and is accurate as of the date of this letter. The person named above [ ] has authorized us in writing to release it [ ] asked us to prepare this letter and agreed to the release of the information in it. Please use it only for the purpose described above and keep it confidential.

This letter is not a contract. It does not promise that the work will continue for any period or that pay will stay at any level.

If you need to confirm any of this information, please contact _____ at _____ or _____.

Sincerely,

SIGNATURES

Employer (name and title)

Signature: _____ Date: _____

Printed Name: _____

ENCLOSURES (OPTIONAL)

_____

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