



Baptist Community  
Health Services

## INCOME VERIFICATION LETTER

### CARTA DE INGRESOS

\_\_\_\_\_  
Date (Fecha)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### To Whom it May Concern:

This letter is to verify that \_\_\_\_\_ has been employed by  
\_\_\_\_\_ since \_\_\_\_\_.

He/She works \_\_\_\_\_ hours per week, gets paid \$ \_\_\_\_\_ per hour, and grosses  
\_\_\_\_\_ weekly. This is payable on \_\_\_\_\_ each week.

If you have any questions or need further clarification, please contact me at your convenience  
at \_\_\_\_\_.

I hereby certify the above information to be correct and true based on our official records.

Sincerely,

\_\_\_\_\_  
(Signature of Employer)