We Care Manatee inc.
Medical Care For People In Need

300 Riverside Drive East, Suite 4500
Bradenton, Florida 34208
Tel: (941) 755-3952
Fax: (941) 870-8503
WeCareManatee.org

EMPLOYER VERIFICATION OF INCOME

(To be completed by Employer to verify income if not pay stubs are available)

Date: _____

I, _____, hereby confirm that _____
(employer) (employee/client)

has been an employee of _____
(place of employment)

for _____ months or _____ years.

Employee makes $_____ per hour and works approximately _____ hours per week.

Employer's full name and title: _____

Name of Business:_____

Business Address:_____

Business Telephone Number: _____

_____
(Employer's signature)

(Please note, We Care may need to contact Employer for verbal verification, as well).

This letter is to be filled out and signed only by the Employer. We Care cannot advise the Employer of what dates or amounts should be provided.