353 6th Ave W
Bradenton, Florida, 34205
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.