

Fax: 703/771-5023

Loudoun County Health Department

P.o. Box 7000 Leesburg,VA 20177-7000



Community Health Phone: 703/777-0236 Fax: 703/771-5393

INCOME VERIFICATION LETTER

In order for	In order for				to complete his/he
will be kept confidential. Employee name: Date employment began: Hours of work per week: Amount pa id per hour: Company name: Supervisor's name:	eligibility determ	ination so that he/sh	ne may receive service		
Date employment began:		•	his matter and wish to	assure you that all inf	ormation you give us
Hours of work per week:	Employee name	:			
Amount pa id per hour: Company name: Supervisor's name: Supervisor's signature:	Date employmer	nt began:			
Company name: Supervisor's name: Supervisor's signature:	Hours of work pe	er week:			
Supervisor's name:	Amount pa id pe	r hour:			
Supervisor's signature:	Company name:				
	Supervisor's nan	ne:			
Company's address:	Supervisor's sign	nature:			
	Company's addre	ess:			
	Company's phon	o number: ()			

