

Beneficiary Income Verification Letter

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], am writing to confirm the income details of [Beneficiary's Name], whose date of birth is [Beneficiary's Date of Birth] and who resides at [Beneficiary's Address]. This verification is required for healthcare enrollment purposes.

As of [Insert Verification Date], the income details are as follows:

- Employment Status: [Employed/Unemployed/Retired]
- Monthly Income: [Insert Amount]
- Sources of Income: [List Sources]

If you require any additional information or documentation regarding this verification, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title/Relationship to Beneficiary]

[Your Organization, if applicable]

[Your Contact Information]