



Client # _____

Client Name _____

Date: _____

Proof of Income

I _____ verify that I am receiving
_____ income at this time. I currently receive \$ _____

Per Week Bi-weekly Every Two Weeks Monthly

I do not have proof of income at this time with me.

I also verify that _____

Spouse Child Father Mother

receives _____ income at this time in the amount of \$ _____

Per Week Bi-weekly Every Two Weeks Monthly

I do not have proof of income at this time with me.

Proof of Residency

This letter verifies that _____ lives at

_____. If you

have any questions, you can contact me at _____.

Thank You,

Client/Guardian Signature