

Letter from Employer Demonstrating Income-Employment Verification

As part of the required documents for the Johnson County Direct Assistance Program, you may use the following template to demonstrate your current income. This document will only be used for the purpose of establishing your eligibility for the Johnson County Direct Assistance Program.

This statement is to confirm that _____ (employee first and last name) is employed at _____ (employer or business name).

The frequency and amount of payment is:

- Weekly _____
- Every two weeks _____
- Bimonthly _____
- Monthly _____
- Annually _____

It is my understanding that this statement will only be used for the purpose of establishing the applicant's eligibility to qualify for the Johnson County Direct Assistance Program.

Employer signature Title Date

Employer first and last name (printed)

(____)_____
Phone number

Employee signature Date

Employee first and last name (printed)