



Loudoun County Health Department

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



Environmental Health
Phone: 703/777-0234
Fax: 703/771-5023

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

INCOME VERIFICATION LETTER

Date _____

In order for _____ to complete his/her eligibility determination so that he/she may receive services at the clinic, the bottom portion of this letter needs to be completed and returned to us.

We appreciate your cooperation in this matter and wish to assure you that all information you give us will be kept confidential.

Employee name: _____

Date employment began: _____

Hours of work per week: _____

Amount paid per hour: _____

Company name: _____

Supervisor's name: _____

Supervisor's signature: _____

Company's address: _____

Company's phone number: (___) _____