Date: [Insert Date]

To: [Recipient Name/Financial Institution]
From: [Your Name/Financial Advisor Name]
Subject: Verification of Disability Income for [Client Name]

To Whom It May Concern,

This letter serves as a formal summary of the disability income profile for [Client Name], Social Security Number [XXX-XX-XXXX], as part of their complete financial portfolio documentation.

Based on current records and benefit statements, the following disability income sources are active:

- **Social Security Disability Insurance (SSDI):** $[Amount] per month
- **Private Long-Term Disability (LTD) Policy:** $[Amount] per month (Carrier: [Company Name])
- **Supplemental Disability Insurance:** $[Amount] per month
- **Veterans Disability Benefits:** $[Amount] per month

Total Monthly Disability Income: $[Total Amount]

Tax Status: [Indicate if income is Taxable or Non-Taxable]

Benefit Duration: [Indicate if benefits are permanent or specify the end date/age]

Cost of Living Adjustment (COLA): [Yes/No]

This information is provided to ensure an accurate assessment of the individual's financial standing and cash flow. Please contact [Contact Name] at [Phone Number] or [Email Address] if further verification or documentation is required.

Sincerely,

[Signature]
[Typed Name]
[Title/Professional Designation]