

Date: [Current Date]

To:

[SNAP Agency Name]

[Agency Address]

[City, State, Zip Code]

Subject: Employment Verification for [Employee Name]

To Whom It May Concern,

This letter is to verify the employment of [Employee Name] with [Company Name]. Please find the requested information below for the purpose of SNAP benefit eligibility:

- **Employee Name:** [Employee Name]
- **Social Security Number (Last 4 digits):** [XXX-XX-0000]
- **Employment Status:** [Active / Terminated / Seasonal]
- **Hire Date:** [Start Date]
- **Job Title:** [Job Title]
- **Pay Rate:** \$[Amount] per [Hour/Week/Month]
- **Average Hours Per Week:** [Number of Hours]
- **Pay Frequency:** [Weekly / Bi-weekly / Monthly]
- **Gross Year-to-Date Earnings:** \$[Total Amount]

Last Three Pay Dates and Gross Amounts:

1. Date: [Date 1] - Amount: \$[Amount 1]
2. Date: [Date 2] - Amount: \$[Amount 2]
3. Date: [Date 3] - Amount: \$[Amount 3]

If you require any additional information or have further questions, please contact me at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Printed Name]

[Title]

[Company Name]