

[Date]

[Recipient Name/Organization]

[Recipient Address]

[City, State, Zip Code]

Subject: Verification of Disability Benefits

To Whom It May Concern,

I am writing to formally verify the disability benefits currently being received by [Applicant Full Name].

Our records confirm the following information regarding the individual's status:

- **Recipient Name:** [Applicant Full Name]
- **Benefit Type:** [e.g., Social Security Disability, Long-Term Disability, etc.]
- **Status:** [Active / Approved]
- **Benefit Start Date:** [Date]
- **Gross Monthly Amount:** \$[Amount]
- **Next Scheduled Review:** [Date, if applicable]

This verification is provided at the request of the individual for the purpose of [Purpose, e.g., housing application, loan processing].

If you require any further documentation or have questions regarding this verification, please contact our office at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Printed Name]

[Job Title]

[Organization Name]