

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Recipient's Title]  
[Organization/Insurance Company Name]  
[Organization Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Disability Income Verification

I am writing to request verification of my disability income for the purpose of [state reason, e.g., applying for benefits, housing assistance, etc.]. Please find the relevant details below:

**\*\*Beneficiary Information:\*\***

- Name: [Your Full Name]
- Social Security Number: [Your SSN]
- Date of Birth: [Your Date of Birth]

**\*\*Disability Information:\*\***

- Type of Disability: [Brief Description of Disability]
- Date of Onset: [Date]
- Claim Number: [Your Claim Number, if applicable]

I kindly request that you provide a formal statement that confirms my current disability income, including the amount and frequency of payment. If you need any additional information or documentation to process this request, please let me know.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]