VERIFICATION OF V.A. BENEFITS

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of V.A. office) Date: ____________________

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RE: ______________________________ ____________________ ____________________

Applicant/Tenant Name | Social Security Number | Unit # (if assigned)

I hereby authorize release of my information.

______________________________ ____________________

Signature of Applicant/Tenant | Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

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Project Owner/Management Agent

MAIL OR FAX THIS FORM TO:

THIS SECTION TO BE COMPLETED BY AGENCY

Date of initial benefit: ____________________

Periods of active duty: From: __________ To: __________ From: __________ To: __________

Effective date of current award: ____________________ Monthly amount: $ ____________________

Other payments (Mo. Insurance, etc.): ____________________ Monthly amount: $ ____________________

Do you anticipate a change in the gross monthly benefit during the next 12 months? □ Yes □ No If yes, date of change: __________

Amount of increase: $ __________ Amount of decrease: $ __________

Additional comments: ______________________________

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______________________________ ______________________________ ______________________________

Signature | Printed Name/ Title | Date

______________________________ ______________________________ ______________________________

Phone # | Fax # | E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.