VERIFICATION OF V.A. BENEFITS

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

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

_____

_____

_____

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.

_____
Development Owner/Management Agent

EMAIL, MAIL OR FAX THIS FORM TO:

THIS SECTION TO BE COMPLETED BY AGENCY

Date of initial benefit: _____

Periods of active duty: From: _____ To: _____

Type of Benefit (Retirement; disability; insurance; student; housing; aid and attendance; etc.)	**Gross Amount**	**Payment Frequency**	**Fixed or Subject to Change?**
	$	☐ Monthly ☐ Other	☐ Fixed ☐ Subject to Change
	$	☐ Monthly ☐ Other	☐ Fixed ☐ Subject to Change
	$	☐ Monthly ☐ Other	☐ Fixed ☐ Subject to Change

Please list any expected changes:

_____

_____

If additional space is needed, please attach a separate sheet with information, date, and signature

_____ _____ _____
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.