

## Verification of Veterans Administration Benefits

Date: \_\_\_\_\_  
To: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance

Name: \_\_\_\_\_  
Serial Number: \_\_\_\_\_  
Claim Number: \_\_\_\_\_  
Ins. Policy Number: \_\_\_\_\_  
Payment Due Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
SS# \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
WW1 / WW2 / Korea / Vietnam / Other

This person has applied for housing assistance under a program of the U.S. Government. The Government requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant / tenant has consented to this release of the information as shown below.

### INFORMATION BEING REQUESTED

Date of Initial Benefit _____	<u>Monthly Amount</u>
Periods of Active Duty: From _____ to _____	
Allowance for Education or Training:	
School ( ) ; on the job ( )	\$ _____
Effective date of current award _____	
Ending date _____	
Name of Training Institution _____	
Name and address of employer _____	
Compensation (service connected)	
Dependency and Indemnity: Disability ( )    Death ( )	\$ _____
Pension (non-service connected): Disability ( )    Death ( )	\$ _____
Effective date of current award _____	
Other Payments (insurance, etc.) _____	\$ _____
Changes: If any change is contemplated, check here ( ) and explain.	
_____	
_____	
_____	

Printed Name and Title of Person Supplying  
Above Information

Organization

Signature

Date

**Note: If this is a HUD Financed property Individual Consent Authorization (FAM form #H004B) must be attached.**