

VETERANS ADMINISTRATION INCOME VERIFICATION

Veterans Administration Office

Date: _____

RE: Veteran's Full Name

Veteran's Social Security Number

Veteran's Claim Number

Relationship to Recipient

The above referenced person has applied for residency / is a resident at _____

As part of our processing, it is necessary that we obtain verification of his/her benefits and anticipated GROSS income.

I hereby authorize and request the following information be released to _____

Applicant / Resident Signature

Please complete the section below and return it via mail or fax. Thank you for your prompt attention.

Apartment Manager Signature

Veteran's Compensation: Disability () Death () Dependents ()

Retirement () Widow's Benefits ()

Monthly Amount: \$ _____

Allowance for Education or Training ()

Name of Official

Date

Title of Official

Telephone Number

WARNING: Section 1001 of Title 18 of 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.