

VETERAN'S BENEFITS VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO:

RE:

Name

Social Security Number

FROM/RETURN TO:

Thank you for your prompt response. All information is confidential.
Please contact _____
at _____ if you have any questions.

E-Mail: _____ Fax: _____

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature

Date

THIS SECTION TO BE COMPLETED BY VETERANS ADMINISTRATION

Compensation (Service Connected):

- () Disability
- () Death
- () Dependency and Indemnity

Pension (Non-Service Connected):

- () Disability
- () Death

Effective date of current award: _____

I hereby certify that I pay \$_____ per week month other _____ to the support of:

Name(s) for whom support is paid

Signature

Printed Name

Date

Address/ City/State/Zip

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.

- 1st Request _____
- 2nd Request _____
- 3rd Request _____

Fax #: _____

Attn: _____

