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**VETERANS ADMINISTRATION**

(RD/LIHTC)

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RE: NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S.S. NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VETERANS ADMINISTRATION\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENTLEMEN:

We are required to verify the income of all members of families applying for admission as tenants to the federally aided housing units which we operate and to re-examine periodically, the tenant families income. To comply with this requirement, we ask for your cooperation in supplying the following income information for the person listed above. This information will be used only in determining the eligibility status and the rent for the family.

Your prompt return of the attached information will be appreciated. A self-addressed return envelope is enclosed. If you have any questions, please call me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely yours,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

I hereby authorize the release

Of the requested information

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant

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**VETERANS ADMINISTRATION BENEFITS VERIFICATION DATA**

1. Periods of Active Duty: From\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_ From\_\_\_\_\_\_ to\_\_\_\_\_\_

1. Allowance for Education or Training: School ( ); on –the-Job ( );

Monthly Amount $\_\_\_\_\_\_\_\_ Effective Date of Current Award: \_\_\_\_\_\_\_\_\_\_

Ending Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Address of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Compensation (service connected): Disability ( ); Death ( );

Dependency and Indemnity ( )

Pension (non-service connected): Disability ( ); Death ( )

Effective Date of Current Award: \_\_\_\_\_\_\_\_\_ Monthly Amt. $\_\_\_\_\_\_\_\_\_\_\_\_

1. Other Payments (Mo. Insurance, etc.):\_\_\_\_\_\_\_\_\_\_\_Monthly Amt. $\_\_\_\_\_\_\_\_
2. Changes: If any change contemplated, check here ( ) and explain

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Remarks: (If any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Veterans Administration

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

EHLogo**EQUAL HOUSING OPPORTUNITY** 

“This institution is an equal opportunity provider and employer”

Revised 07/14