

VETERAN'S ADMINISTRATION BENEFITS VERIFICATION

To: _____

Date _____

_____ has applied for residency/is a resident at our rental property. As part of our processing, we must obtain verification of his/her veteran's benefits.

Permission by: _____
(Applicant/Resident's Signature) (Date)

Please complete the section below and return it by mail in the enclosed self-addressed stamped envelope. Thank you in advance for your prompt attention.

Sincerely,

Apartment Manager

THE FOLLOWING TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE:

Name of Veteran: _____ Date of Birth: _____

Address: _____

Claim Number: _____ Service Dates: _____ to _____

Benefits Paid to: _____

1. Current Benefit Amount \$ _____

2. Original Start Date _____

3. This amount will increase/decrease to (circle one) \$ _____

Date Change Takes Effect: _____

4. Benefits are for:
_____ GI Bill Training _____ Insurance
_____ Service Connected Compensation Disability (%) _____ Nonservice Pension Death
_____ Service Connected Compensation Death _____ Other _____

(Signature of Authorized Representative)

(Date)

(Title)

(Telephone Number)

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.