VERIFICATION OF VETERANS BENEFITS

					1 st Request 2 nd Request
					3 rd Request
TO: (Name and Address of Veterans Adn	ninistration)	Hou	sehold: _		
		Unit	: #:		
		Management	Contact: _		
FROM: (Name and Address of Property)		Management Phone:			
		project finance Commission n	d under a nultifamily re prospective r	Washington ental housi	or a rental unit located in a State Housing Finance ng program. Income t be verified. Agency is to
This form must be	mailed, faxe	ed or emailed. DO	NOT hand-o	arry this fo	orm.
RELEASE STATEMENT	I hereby	authorize the relea	ase of the b	elow requ	ested information.
Applicant/Tenant Name:				SSN: _	
Applicant/Tenant Signature:				Date:	
Type of Benefit (Retirement; disability; student; housing; aid and attendance; etc.) Please list separately	Gross Amoun	Payment Frequency		Benefit Amount Fixed or Subject to Change	
	\$	☐ Monthly	☐ Other	☐ Fixed	☐ Subject to Change
	\$	☐ Monthly	☐ Other	☐ Fixed	☐ Subject to Change
	\$	☐ Monthly	☐ Other	☐ Fixed	☐ Subject to Change
Please list expected changes:					
Please list any additional remarks:					
- Touco not any additional romainer					
AUTHORIZED SIGNATURE					
Section 1001 of Title 18 of US Code makes it or agency of the US as to any matter within it		nse to make willful fals	e statements	or misreprese	entation to any department
Signature of Representative	ignature of Representative		Title		Date
Print Name		Phone #			