

Verification of Veterans Benefits Instruction

Purpose: To verify an applicant's/resident's benefits received from the Veterans Administration.

Note: This form must be mailed or faxed to the applicable Veterans Administration Office. The resident cannot "hand carry" the form.

Special Mention:

- ▶ As a courtesy, provide a self-addressed envelope.

Specific Instructions:

1. Use this section to document when the verification was sent. Must document 3 attempts over a 2 week period before moving to an alternate verification format.
2. Enter the appropriate Veterans Administration for your area.
3. Enter the property that is sending the request.
4. Enter the household name and household unit number.
5. Enter the Apartment Managers name and contact phone number.
6. The Veteran household member, prints name, Enter Social Security number, signs and dates form *

* **Note:** For privacy reasons, a resident may elect not to provide his/her Social Security number on this form. Residents who do not provide their Social Security number should sign Certification #2 on the *Identification Certification* form.

VERIFICATION OF VETERANS BENEFITS

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

(2) TO: (Name & Address of Veterans Administration)

Household: **(4)** _____

Unit #: **(4)** _____

Management Contact: **(5)** _____

(3) FROM: (Name and Address of Property)

Management Phone: **(5)** _____

The undersigned applicant has applied for a rental unit located in a project financed under a Washington State Housing Finance Commission multifamily rental housing program. Income statements of a prospective resident must be verified. Agency is to complete bottom portion.

This form must be mailed, faxed or emailed. DO NOT hand-carry this form.

RELEASE STATEMENT

I hereby authorize the release of the below requested information.

Applicant/Tenant Name: **(6)** _____

SSN: **(6)** _____

Applicant/Tenant Signature: **(6)** _____

Date: **(6)** _____

THIS SECTION TO BE COMPLETED BY AUTHORIZED VETERANS ADMINISTRATION PERSONNEL

Please complete based upon ANTICIPATED Benefits to be received in the next 12 months.

Type of Benefit <small>(Retirement; disability; student; housing; aid and attendance; etc.) Please list separately</small>	Gross Amount	Payment Frequency	Benefit Amount Fixed or Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change

Please list expected changes: _____

Please list any additional remarks: _____

AUTHORIZED SIGNATURE

Section 1001 of Title 18 of US Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the US as to any matter within its jurisdiction.

Signature of Representative	Title	Date
Print Name	Phone #	