

VETERAN'S PENSIONS/BENEFITS VERIFICATION

Send To: «reference_name»
 «reference_address_line1»
 «reference_address_line2»
 «reference_address_line3»
 «reference_city», «reference_state» «reference_zip»

Applicant/Tenant: «full_name» _____ VA # _____

Soc. Security #: «ssn» _____

Property Name: «community» _____

Address: «community_address_line1»
 «community_address_line2»
 «community_address_line3»
 «community_city», «community_state» «community_zip»

Gross Monthly Veteran's Benefit \$ _____

Do you anticipate a change in the gross monthly amount of the income during
the next 12 months? Yes No

If Yes, date of change _____

Amount of increase \$ _____

Amount of decrease \$ _____

Comments _____

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____

RETURN TO: «rental_agent» _____ ***RETURN BY:*** «return_date» _____
 «mgmt_company»
 «mgmt_company_address1»
 «mgmt_company_address2»
 «mgmt_company_city», «mgmt_company_state» «mgmt_company_zip»

--OFFICE USE ONLY--

Date Sent: «send_date» _____

Date Received: _____

Comments: _____