

VETERAN'S BENEFITS VERIFICATION

(02/19)

Veterans Administration Address		City	State	ZIP Code
Applicant	Social Security Number		Military Serial Number	
Claim Number			Date	

TO BE COMPLETED BY PROJECT MANAGER

The person listed above has indicated that he or she is receiving Veterans benefits. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy in a housing development receiving tax credits under Section 42 of the Internal Revenue Service Code.

Project Management Agent

TO BE COMPLETED BY APPLICANT

Signature	Date
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TO BE COMPLETED BY VETERANS ADMINISTRATION

Period of Active Duty		
Service Connected Compensation <input type="checkbox"/> Disability <input type="checkbox"/> Death <input type="checkbox"/> Dependency and Indemnity		
Non-Service Connected Pension <input type="checkbox"/> Disability <input type="checkbox"/> Death		
Gross Monthly Award Amount	Effective Date of Current Award	
Are Benefits Expected to Continue in the Same Amount During the Next Twelve Months		
Comments		
Signature of Veterans Officer	Telephone Number	Date

TO BE COMPLETED BY PROJECT MANAGER

Please Return to	Telephone Number	Fax Number
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