

Verification of Veteran Benefits

RE:	Agency:	
SSN:	Address:	
	Telephone:	

Dear Sir or Madam:

The above named applicant/participant has authorized Walla Walla Housing Authority to obtain verification of benefits for the purpose of determining eligibility for occupancy in our housing assistance program. Your verification is for the confidential use of this Agency and the US Department of Housing and Urban Development (HUD). Please furnish the information requested below and return this form to Walla Walla Housing Authority at the above listed address. Your prompt return of this letter will be appreciated. If you have any questions, please call our office.

I hereby authorize the release of this information.

Applicant/Participant Signature	Date
1. COMPENSATION (SERVICE CONNECTED): [] Disability [] D	Death [] Dependency and Indemnity
PENSION (Non-Service Connected): [] Disability [] Death Effective Award:	e Date of Current
Monthly Amount: \$	
2. ALLOWANCES for Education or Training: () School () On-the-J	Job
Monthly Amount: \$ Award date from	To
Employer: Ph	one:
Address:	
3. OTHER PAYMENTS (Insurance, etc.): Monthly Amount: \$	
4. CHANGES EXPECTED, Please explain:	
Signature/Title	Date
WARNING! TITLE 18, SECTION 1001 OF THE U.S. CODE, STATES THAT A PE KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTHE UNITED STATES.	
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If you or anyone in your family is a person with disabilities, and you	require a specific accommodation

Hearing-impaired, use statewide relay service number 1-800-833-6384 | www.wallawallaha.org | wwha@wallawallaha.org

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