

**VETERAN'S BENEFITS VERIFICATION**

TO: (Name & Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
Applicant/Tenant Name                      Social Security Number                      Unit # (if assigned)

I hereby authorize release of the requested information.

\_\_\_\_\_  
Signature of Applicant / Tenant                      Date

We are required by the Internal Revenue Service (IRS) to verify the incomes of all family members applying for admission to any Low Income Housing Tax Credit Program housing. The Delaware State Housing Authority monitors compliance for IRS requirements. Please complete the form below and return it to the address shown above as soon as possible. This information will only be used to determine the family's eligibility for admission or continued occupancy. Your cooperation is appreciated.

Sincerely,

\_\_\_\_\_  
Title

MAIL OR FAX THIS FORM TO:

\_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY VETERANS ADMINISTRATION**

Compensation (Service Connected):

( ) Disability \$ \_\_\_\_\_ ( ) Death \$ \_\_\_\_\_ ( ) Dependency and Indemnity \$ \_\_\_\_\_

Pension (Non-Service Connected):

( ) Disability \$ \_\_\_\_\_ ( ) Death \$ \_\_\_\_\_

Effective date of current award: \_\_\_\_\_

Other Payments \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Changes: If any change is contemplated, explain below:

VETERAN'S ADMINISTRATION CENTER

Signature: \_\_\_\_\_  
Print your name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Tel. #: \_\_\_\_\_

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.