## 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: _____ Date: _____

Print your name: _____ Tel. #: _____

Title: _____

Address: _____

_____

_____

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.