

**GAINESVILLE HOUSING AUTHORITY**

P.O. Box 1468 \* 1900 SE 4<sup>th</sup> Street

Gainesville, Florida 32602

Telephone (352) 872-5500 \* TDD (352) 872-5503 \* FAX (352) 872-5501

**VERIFICATION OF RECEIPT OF V.A. BENEFITS**

Re \_\_\_\_\_ Claim # \_\_\_\_\_ Serial # \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Ins. Policy # \_\_\_\_\_ Pmt. Due Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  WWI  WWII  Korea  Viet Nam Other: \_\_\_\_\_

Dear Sir/Madam:

Federal requirements oblige us to verify the incomes of families living in or applying for public housing or Section 8 housing. We ask your cooperation in supplying the information requested below about the referenced person. We will use the information you provide only to determine the family's eligibility and rent, and pledge to keep all data in strictest confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call \_\_\_\_\_.

Sincerely: \_\_\_\_\_

1. **Period of Activity Duty:** From \_\_\_\_\_ To \_\_\_\_\_ & From \_\_\_\_\_ To \_\_\_\_\_

2. **Allowance for Education or Training:**  School  On-the-Job \$ \_\_\_\_\_/month  
Tuition, Fees, Books, Equip., etc. \$ \_\_\_\_\_/month Subsistence: \$ \_\_\_\_\_/month  
Effective Date of Current Award: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Name & Address of School/Training Institution: \_\_\_\_\_

Name & Address of Employer: \_\_\_\_\_

3. **Compensation:** \$ \_\_\_\_\_/month  
For Service-connected:  Disability  Death  Dependency and Indemnity  
Non-Service-connected pension:  Disability  Death  Effective Date of Award \_\_\_\_\_

4. **Other Payments** (Monthly Insurance, etc.) \_\_\_\_\_ \$ \_\_\_\_\_/month

Agency Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name of Person Completing this Form: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**TENANT/APPLICANT RELEASE**

I, \_\_\_\_\_, hereby authorize the release of the requested information.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*