



Customize your forms the easy way with TrackPro Organizer. This form is available on CD or disk. Call (800) 742-5442 or visit www.TrackProServices.com

VETERAN'S BENEFITS VERIFICATION

TO: _____

 TEL.#: _____
 FROM: _____

 TEL.#: _____
 FAX #: _____

DATE: _____ APT. #: _____
 DEVELOPMENT NAME: _____
 APPLICANT/RESIDENT: _____
 CONTACT PERSON: _____
 DATE OF BIRTH: _____
 ACTIVE DUTY FROM: _____
 INSURANCE POLICY #: _____
 CLAIM #: _____ SERIAL #: _____

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

I hereby authorize release of any information requested regarding my income, assets, and allowances.

 Applicant/Resident Signature

 Social Security Number(s)

TO BE COMPLETED BY PENSION/ANNUITY SPONSOR:

<u>Type of Award</u>	<u>Amount per Month</u>
1. Education and Training	\$ _____
2. Disability	\$ _____
3. Death	\$ _____
4. Dependency and Indemnity	\$ _____
5. Pension	\$ _____
6. Other	\$ _____
7. Effective Date of Award	_____
8. Termination Date of Award	_____

Are any changes expected within the next 12 months?
 (If yes, please explain and give the effective date of change.)

YES NO

COMMENTS: _____

 Signature of Person Verifying Information

 Telephone Number

 Title

 Date

OFFICE USE ONLY:



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

©2008 Heartland Properties, Inc.
 All Rights Reserved
 04/01/04 HPI 315