
Date

Veterans Administration

Address

City, State Zip

RE:

Claimant Name

Social Security Number

VA File Number

I'd like to verify the current income amount the above referenced claimant receives from VA.

\$ _____ Total amount the claimant currently receives

In addition, I would like a breakdown of the portion of the total amount that is for each of the following:

- \$ _____ Compensation
- \$ _____ Pension
- \$ _____ Aid & Attendance
- \$ _____ Housebound Assistance
- \$ _____ VA Reduced Pension
- \$ _____ Clothing Allowance
- \$ _____ Caregiver Payments
- \$ _____ Spousal Apportionment

Thank you for your time and attention,

Claimant Signature

Claimant Name

The above information was verified by the Veterans Administration:

Signature Phone

Name Date