

[Your Full Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Recipient Name or Department]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Subject: Verification of VA Disability Benefits

To Whom It May Concern,

This letter is to formally verify my status as a disabled veteran and my receipt of disability compensation from the Department of Veterans Affairs (VA).

Below are the details regarding my benefit award:

- **Veteran Name:** [Your Full Name]
- **VA File Number/SSN:** [XXX-XX-XXXX]
- **Combined Service-Connected Evaluation:** [Percentage]%
- **Effective Date of Rating:** [Month Day, Year]
- **Monthly Award Amount:** \$[Amount]

Please note that this benefit is [Permanent/Subject to Review] and is paid on a monthly basis. This income is non-taxable under federal law.

If you require additional documentation or an official "Summary of Benefits" letter generated directly by the VA, please let me know, and I will provide the digital copy from the VA.gov portal.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]