

[Your Full Name]  
[Your Address]  
[City, State, Zip Code]  
[Your Phone Number]  
[Your Email Address]

[Date]

[Recipient Name or Department]  
[Organization Name]  
[Organization Address]  
[City, State, Zip Code]

**Subject: Verification of Veterans Affairs Disability Benefits**

To Whom It May Concern,

I am writing to formally verify my disability income provided by the Department of Veterans Affairs (VA). Please accept this letter and the attached official documentation as proof of my monthly non-taxable income.

My current benefit details are as follows:

- **Veteran Name:** [Your Full Name]
- **VA File Number/SSN:** [XXX-XX-XXXX]
- **Disability Rating:** [Percentage]%
- **Monthly Benefit Amount:** \$[Amount]
- **Effective Date of Current Rate:** [Date]

The payments are scheduled to be paid on the first of each month. I have attached my most recent VA Benefit Summary Letter (Summary of Benefits) to this correspondence for your records.

If you require any further information or have additional forms that need to be completed, please contact me directly at [Your Phone Number].

Sincerely,

[Signature]  
[Your Printed Name]