

[Date]

[Full Name of Veteran]

[Address]

[City, State, Zip Code]

[VA File Number / Social Security Number]

To Whom It May Concern:

This letter serves as official verification of Department of Veterans Affairs (VA) benefits for the individual listed above.

Our records indicate the following benefit information:

- **Veteran Status:** [Honorable/General/Other]
- **Service-Connected Disability Rating:** [Percentage]%
- **Monthly Benefit Amount:** \$[Amount]
- **Effective Date of Current Award:** [Date]
- **Permanent and Total Status:** [Yes/No]

The monthly benefit amount listed above is currently being paid to the veteran and is scheduled to continue as long as the veteran remains eligible under existing laws and regulations.

If you require additional information or have questions regarding this verification, please contact the Department of Veterans Affairs at 1-800-827-1000.

Sincerely,

[Authorized Signature Name/Title]

Department of Veterans Affairs