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[Date]

[Recipient Name/Organization Name]

[Recipient Address]

[City, State, Zip Code]

**Subject: Supplemental Income Verification of Veterans Affairs (VA) Benefits**

To Whom It May Concern,

This letter is to formally verify the supplemental income received by [Veteran's Full Name] from the Department of Veterans Affairs. I am providing this information for the purpose of [State Purpose, e.g., Loan Application, Housing Assistance, Eligibility Verification].

The following details pertain to the current VA benefit status:

- **Veteran Name:** [Full Name]
- **VA File Number/Last 4 of SSN:** [Number]
- **Benefit Type:** [e.g., Disability Compensation, Pension, GI Bill, etc.]
- **Monthly Benefit Amount:** \$[Amount]
- **Effective Date of Current Rate:** [Date]

These benefits are [taxable/non-taxable] and are scheduled to be paid on a monthly basis. This income should be considered as part of the total household income for the evaluation of [Application/Account Type].

Attached to this letter is the official VA Benefit Summary Letter as supporting documentation.

If you require any further information or additional documentation, please contact me at [Phone Number] or [Email Address].

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]