

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

[Date]

Department of Veterans Affairs
Evidence Intake Center
P.O. Box 4444
Janesville, WI 53547-4444

RE: Request for Verification of Benefits for Surviving Spouse

To Whom It May Concern,

I am writing to formally request a Verification of Benefits letter regarding the VA benefits I receive as the surviving spouse of a deceased Veteran. I require this documentation for [State Purpose, e.g., housing application, loan processing, or tax exemption].

Veteran Information:

Name: [Full Name of Deceased Veteran]
Social Security Number: [Veteran's SSN]
VA File Number: [Veteran's VA File Number, if known]
Date of Birth: [Veteran's Date of Birth]
Date of Death: [Veteran's Date of Death]

Surviving Spouse Information:

Name: [Your Full Name]
Social Security Number: [Your SSN]
Benefit Type: [e.g., DIC, Survivor Pension, or REPS]

Please provide a formal letter confirming my current monthly benefit amount and the effective date of these benefits. Please mail the document to the address listed above or fax it to [Fax Number, if applicable].

Thank you for your assistance in this matter. If you require additional information, please contact me at [Your Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]