

[Date]

[Recipient Name]

[Recipient Organization]

[Street Address]

[City, State, Zip Code]

**Subject: Verification of Department of Veterans Affairs (VA) Benefits**

To Whom It May Concern,

This letter serves as official verification of the Department of Veterans Affairs benefits currently received by the individual named below:

**Veteran Name:** [Full Name]

**VA File Number/SSN:** [Number]

**Date of Birth:** [Date]

As of [Date], our records indicate the following benefit information:

- **Benefit Type:** [e.g., Service-Connected Disability Compensation]
- **Combined Evaluation:** [Percentage]%
- **Monthly Award Amount:** \$[Amount]
- **Effective Date:** [Date]
- **Permanent and Total Status:** [Yes/No]

This information is provided for the purpose of [Purpose of Verification, e.g., mortgage application, housing assistance, or tax exemption].

If you require further authentication or have questions regarding these benefits, please contact the Department of Veterans Affairs at 1-800-827-1000 or visit the official website at [www.va.gov](http://www.va.gov).

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Organization]