

VETERAN'S BENEFITS VERIFICATION

TO: _____

TEL.#: _____

FROM: Port Terrace Apartments
1587 W. Port View Drive.
Port Washington, WI 53074
TEL.#: 262-284-4477
FAX.#: 262-284-4476

DATE: _____ APT. # _____
DEVELOPMENT NAME: Port Terrace Apartments
APPLICANT/RESIDENT: _____
CONTACT PERSON: _____
DATE OF BIRTH: _____
ACTIVE DUTY FROM: _____
INSURANCE POLICY #: _____
CLAIM #: _____ SERIAL #: _____

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

I hereby authorize release of any information requested regarding my income, assets, and allowances.

Applicant/Resident Signature

Social Security Number(s)

TO BE COMPLETED BY PENSION/ANNUITY SPONSOR

<u>Type of Award</u>	<u>Amount per Month</u>
1. Education and Training	\$ _____
2. Disability	\$ _____
3. Death	\$ _____
4. Dependency and Indemnity	\$ _____
5. Pension	\$ _____
6. Other	\$ _____
7. Effective Date of Award	_____
8. Termination Date of Award	_____

Are any changes expected within the next 12 months?
(If yes, please explain and give the effective date of change.) YES NO

COMMENTS: _____

Signature of Person Verifying Information: _____ Telephone Number: _____

Title: _____ Date: _____

OFFICE USE ONLY:

FORM # 6

