



Housing Authority of the City of Decatur, Georgia

750 Commerce Drive • Suite 400 • Decatur, Georgia 30030

404-270-2100 • Fax 404-270-2123

TTD/TTY 1-800-545-1833 Ext 852

http://www.decaturhousing.org

VERIFICATION OF RECEIPT OF VETERANS ADMINISTRATION BENEFITS

Re: _____

SS# _____

The Section 8 Housing Choice Voucher Program is based on income. Federal regulations require us to verify the income of the person referenced above to determine their eligibility for the housing assistance program. Please provide the information requested below.

Please return this request to our office within ten (10) days from the date you receive this request Thank you for your prompt response to this request.

Sincerely: _____

1. **Allowance for Education or Training:** School On-the-Job \$ _____/month

Tuition, Fees, Books, Equip., etc. \$ _____/month Housing Allowance: \$ _____/month

Effective Date of Current Award: _____ Ending Date: _____

Name & Address of School/Training Institution: _____

Name & Address of Employer: _____

2. **Compensation:** \$ _____/month

For Service-connected: Disability Death Dependency and Indemnity

Non-Service-connected pension: Disability Death Effective Date of Award _____

3. **Other Payments** (Monthly Insurance, etc.) _____ \$ _____/month

Agency Name: _____ Phone Number _____

Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____

TENANT/APPLICANT RELEASE

I, _____, hereby authorize the release of the requested information.

Signature

Date