Re-exam Case # _____

Application # _____

Date _____

VERIFICATION OF VETERANS BENEFITS AWARD

Veterans Administration Regional Office
Attn: Veterans Services (27)
459 Patterson Road
Honolulu, Hawaii 96819

Dear Sirs:

I have applied at the Department of Community Services for assistance under the Section 8 Housing Assistance Payments Program.

I hereby authorize you to furnish the information requested and will appreciate your forwarding the completed form.

_____
Signature of Applicant Date

_____
Social Security No. Birthdate

To: Department of Community Services
City and County of Honolulu
842 Bethel Street, 1st Floor
Honolulu, Hawaii 96813
(808) 768-7096

Subject: Report on Veterans Benefits Award and/or Educational Award

Applicant: _____

Name of Veteran: _____

Address: _____

Claim or Insurance Number: _____

Service Number of Veteran: _____

Social Security Number of Veteran: _____

Date of Birth of Veteran: _____

Gross Monthly Benefit Award: $ _____

Gross Education Award, if any: _____

Beginning Date of Education Award: _____

VETERANS ADMINISTRATION

By: _____
Representative's Signature

Print Name and Title: _____

Address: _____

_____

Date: _____

Phone: _____

H&CD-20 (REV. 07/02)