

AUTHORIZATION: Federal Regulations require the CDA to verify Veterans Administration benefit income of all members of the household applying for participation in the 2010 DPA Loan Program. This information will be used only to determine the eligibility status of the household.

Your prompt return of the requested information is appreciated. A copy of the applicant's Authorization of Release of Information is attached.

Name of Veteran: _____ DOB: _____

Address: _____

Claim Number: _____ Service Dates: _____ to _____

Benefits Paid to: _____

Current Benefit Amount: \$ _____ Original Start Date: _____

This amount will increase/decrease (circle one) to: \$ _____

Date Change Takes Effect: _____

Benefits are for:

- GI Bill Training Insurance
- Service Connected Compensation Disability (%) _____
- Non-service Pension Death Service Connected Compensation Death
- Other : _____

Signature of Authorized Representative

Title

Telephone Number

Date

WARNING: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United State Government.