



2001 North Hoard Avenue | P.O. Box 2147
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Verification of Veteran's Benefits

Federal requirements require the Sherman Housing Authority to verify the income of all family members living in or applying for public housing. We ask your cooperation by supplying the information requested below about the referenced person. SHA will use the information only to determine the family's eligibility and rent and will keep the information confidential. The Sherman Housing Authority would appreciate your prompt return of this letter. A self-addressed stamped envelope is enclosed. You may also email to: kphelps@shermanha.com.

Thank you,

SHA Staff

I hereby authorize the release of the requested information:

Signature

Social Security Number

Date

Applicant sign, SSN, and date above this line. Only employer completes information below this line.

Amount of VA Benefit received monthly: \$_____.

Agency Name

Phone Number

Mailing Address

Signature

Title

Date