

VERIFICATION OF VETERANS ADMINISTRATION BENEFITS

<p>COMMONWEALTH OF KENTUCKY NSP PROGRAM</p> <p>AUTHORIZATION: Federal Regulations require us to verify Veterans Administration Benefits Income of all members of the household applying for participation in the NSP Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Name of Veteran: _____</p> <p>Address: _____</p> <p>Claim No.: _____</p> <p>Date of Birth: _____</p> <p>Service Dates: _____ to _____</p> <p>Benefits Paid to: _____</p> <p>1. Current Benefit Amount \$_____</p> <p>2. Original Start Date _____</p> <p>3. This amount will increase/ decrease to (circle one) \$_____</p> <p> Date Change Takes Effect _____</p> <p>4. Benefits are for:</p> <p> <input type="checkbox"/> GI Bill Training</p> <p> <input type="checkbox"/> Insurance</p> <p> <input type="checkbox"/> Service Connected Compensation Disability (%) _____</p> <p> <input type="checkbox"/> Nonservice Pension Death</p> <p> <input type="checkbox"/> Service Connected Compensation Death</p> <p> <input type="checkbox"/> Other</p> <p> _____</p> <p> _____</p>
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>Or a copy of the executed "NSP Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____ or Authorized Representative</p> <p>_____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>
<p>WARNING: Title 18, Section 1001 of the U.S. 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 States Government.</p>	