



Department of Veterans Affairs

Veteran - Income Verification Response

Name of Veteran:

Income Year:

Case Number:

Educational: \$ _____ (Veteran only) Gambling Losses: \$ _____ (Deducted from gambling winnings only)

I attest that the listed sale of real estate was my primary residence.

I attest that I have been separated from my spouse since _____.
(MM/DD/YYYY of separation)

I declare to the best of my knowledge and belief that the information stated is true and correct and I understand that I may be required to provide supporting documentation as proof which may be used to determine the final decision regarding my health care benefits during ~CalendarYear~.

Signature:	Date:
Sign and date this form. Return the form and any copies of your supporting documentation to: VA Health Eligibility Center, Income Verification Division, 2957 Clairmont Road, Atlanta, GA 30329-1647	

If you sign with an "X", two people you know must witness your signature as you sign. They must print their names and sign and date the form below.

_____	_____	_____
Witness' Name (Please Print)	Signature	Date
_____	_____	_____
Witness' Name (Please Print)	Signature	Date

For more information about VA health care eligibility and enrollment, visit VA's website at www.va.gov/healthbenefits.

Document Contains Federal Tax Information

End of Reported Federal Tax Information

If you have additional earned or unearned income information for ~IncomeYear~ that is not listed, please provide it on a separate sheet of paper. **Be sure to write your case number on each page of correspondence you mail or fax to our office.**