



Department of Veteran Affairs
Region Office - Henry M Jackson Federal Bldg
915 Second Ave
Seattle, WA 98174

RE:
SSN:
DOB:

The above referenced person is a participant in our Housing Assistance Program. The Housing Authority is required to obtain third party verification of all income, and the head-of-household has authorized the release of such information on the accompanying form HUD-9886. *Could you please furnish a statement which shows the monthly benefit amount received by the above-named person.*

Thank you for your assistance with this matter. Please fax your response to me at (206) 476-9248.

Sincerely,

Certification Specialist
Section 8 Mod Rehab Program
Seattle Housing Authority - Porchlight
(phone)
(206) 615-3308 (FAX)

cc: file /
encl: envelope
HUD-9886