

DEPARTMENT OF VETERANS AFFAIRS

**RO Name
STREET ADDRESS
CITY STATE 20420**

December 1, 2016

In Reply Refer To: SECTION ID
CSS

Dear Mr. :

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to survivors of disabled Veterans to use in applying for benefits such as state or local property or vehicle tax relief, civil service preference, to obtain housing entitlements, free or reduced state park annual memberships, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter is considered an official record of your VA entitlement.

Our records contain the following information:

Personal Claim Information

The claim number shown on our records is: .
You are a survivor of the Veteran.

Military Information

The character(s) of discharge and service date(s) of the veteran include:
Honorable, Army, Jan 1, 1996 - Jan 1, 2000
(There may be additional periods of service not listed above)

VA Benefits Information

You are in receipt of: Survivors Pension
Your current monthly award amount is: \$1,100.00
The Veteran died on active duty: NO
The Veteran died as a result of a service-connected disability: NO
Was the Veteran considered permanently and totally disabled at the time of death: NO

You should contact your state or local office of veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of veterans' affairs are available at <http://www.va.gov/statedva.htm>.

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If you have any questions about this letter or need additional verification of VA benefits, please call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833. Send electronic inquiries through the Internet at <https://iris.va.gov>.

Sincerely yours,

Gerrit A. DeJager

Gerrit A. DeJager
Adjudication Officer