

AUTHORIZATION TO RELEASE VA BENEFIT INFORMATION

CAA Name: _____ CAA Phone: _____
CAA Address: _____ CAA Fax: _____
CAA Email: _____

Applicant Name: _____ Date of Application: _____
Physical Address: _____ Client Number: _____
City State Zip: _____

INSTRUCTIONS: Return the completed Authorization to Release Information to the CAA identified above.

By signing this Release, I authorize the above-named CAA to contact the Department of Veteran Affairs (VA) to obtain Information required to complete my application for the HEAP program.

This is a release to obtain the current amount of VA benefits paid to or for the benefit of the Beneficiary listed below:

Beneficiary Full Name: _____
Beneficiary Social Security Number: _____
Beneficiary Mailing Address: _____
Beneficiary Physical Address: _____
Veteran Full Name: _____
Veteran Social Security Number: _____

Beneficiary (or Veteran) Signature Date

FOR VA USE ONLY

Per Maine State Housing Authority (207-623-2986), any benefit paid to a Veteran or his survivor based on Aid & Attendance (A & A) is NOT considered as a countable income for the HEAP application purpose.

The following monthly VA benefit amount is paid to the above identified Beneficiary.

Gross Monthly VA Benefit \$ _____ Effective Date of Benefit _____
Amount for A & A (if any) \$ _____
VA Benefit minus A & A \$ _____

Authorized VA Representative _____ Title _____
Authorized VA Signature _____ Date _____