



Application for Summary of Benefits Letter from the Department of Veterans Affairs

Purpose of the request:

Veterans Information

Name Last: _____ First: _____ MI: _____

SSN: _____ Branch of Service: _____

Is the Veterans Deceased: _____ DOB: _____ DOD: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

Veterans Signature: _____ Date: _____

If the person requesting is other than the veteran, please complete below. A death certificate may be required.

Requester Information

Relationship to Veteran: _____

Name Last: _____ First: _____ MI: _____

SSN: _____ DOB: _____ DOD: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

Signature: _____ Date: _____

Death certificate of veteran may be required, DD 214/Discharge may be required, VA Form 21-22 May be required

----- MCVSO Use Only -----

Verified Eligible for Homestead Exemption per ORC 323.151(F): _____

Name: _____ Date: _____

Signature: _____