

Veterans Assistance Program Benefits Renewal

Date: [Insert Date]

[Your Name] [Your Address] [City, State, Zip Code] [Email Address] [Phone Number]

Veterans Assistance Program [Program Office Address] [City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the renewal of my benefits under the Veterans Assistance Program. My current benefits are set to expire on [Expiration Date], and I would like to ensure that there is no interruption in my assistance.

Please find enclosed the required documents for the renewal process, including:

- Completed renewal application form
- Proof of income
- Service-related documentation
- Other supporting documents as required

If you require any additional information or documents to process my request, please do not hesitate to contact me at the phone number or email address provided above.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]