[Your Full Name]

[Your Address]

[City, State, ZIP Code]

[Phone Number]

[Email Address]

[Date]

To Whom It May Concern,

I, [Your Full Name], hereby attest that I am a [Veteran / Surviving Spouse of a Veteran] and am currently experiencing financial hardship. Due to [briefly describe the nature of the hardship or crisis, e.g., loss of income, medical expenses, housing instability], I am in need of financial assistance from Silversage Veteran’s Services to help meet basic living needs.

I understand that this self-attestation is being submitted in support of my request for aid and affirm that the information provided is true and accurate to the best of my knowledge. I am willing to provide any additional documentation if required.

Thank you for your time and consideration.

Sincerely,