

Military Pay Verification

TO: (Name & address)

RE: _____ Applicant/Tenant Name _____ Social Security Number _____ Unit # (if assigned)

I hereby authorize release of the requested information.

Signature of Applicant/Tenant _____ Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

MAIL OR FAX THIS FORM TO:

THIS SECTION TO BE COMPLETED BY THE MILITARY

INCOME	PAY PER MONTH
Base Pay and Longevity Pay	\$ _____
Proficiency Pay	\$ _____
Sea and Foreign Duty Pay	\$ _____
Hazardous Duty Pay	\$ _____
Subsistence Allowance	\$ _____
Separate / Commuted Rations* (if meal card, enter N/A)	_____
Quarters Allowance (Include only amt. contributed by Government)	\$ _____
Number of Dependents Claimed	_____
Other (Explain)	
_____	\$ _____

_____	_____
TOTAL AMOUNT RECEIVED MONTHLY	\$ _____

*It is our understanding that the commuted rations are received monthly unless the soldier is in the field. Please indicate the number of days the soldier is anticipated to be in the field in the next 12 months. _____

Military Personnel Officer

Signature: _____ Date: _____
Print your name: _____ Tel. #: _____
Title: _____
Address _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.