

Military Pay Verification

TO: _____

RE: _____
 Name _____

 Social Security Number _____

FROM: _____

Thank you for your prompt response. All information is confidential.
 Please contact _____
 at () _____ if you have any questions.

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

 Signature

 Date

THIS SECTION TO BE COMPLETED BY THE MILITARY		
INCOME	PAY PER MONTH	
Basic Pay Allowance for Housing	\$	
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	\$	

Basic Pay Allowance for Housing is disregarded (*for housing tax credit purposes only*) if the property is located in or is adjacent to a county that contains a qualified military installation to which the number of members assigned to units based out of the military installation as of June 1, 2008, has increased by 20% or more from December 31, 2005. A qualified military installation is a military installation or facility with 1,000 or more members as of June 1, 2008.

Please indicate if this military installation is qualified as defined above: YES NO

**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 _____

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is

restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).