

## MILITARY PAY VERIFICATION

### THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

**TO:** \_\_\_\_\_  
 Name & Address of Employer  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number      Fax Number

**RE:** \_\_\_\_\_  
 Applicant/Tenant Name  
 \_\_\_\_\_  
 Social Security Number  
 \_\_\_\_\_  
 Unit # (if assigned)

I hereby authorize release of my military employment 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 and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Return Form To:

\_\_\_\_\_  
 Signature of Owner's Representative

\_\_\_\_\_  
 Date

### THIS SECTION TO BE COMPLETED BY APPROPRIATE MILITARY OFFICIAL

Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Anticipated Gross Earnings Over the Next 12 Months (including all allowances except *Hostile Fire Pay*): \_\_\_\_\_

Type of Pay	Current Monthly Amount	Year To Date Amount	Type of Pay	Current Monthly Amount	Year To Date Amount
Basic	\$ _____	\$ _____	BAH Pay	\$ _____	\$ _____
Drill	\$ _____	\$ _____	BAS Pay	\$ _____	\$ _____
Incentive	\$ _____	\$ _____	COLA	\$ _____	\$ _____
Hardship	\$ _____	\$ _____	Clothing Allowance	\$ _____	\$ _____
Hostile Fire	\$ _____	\$ _____	Other:	_____	\$ _____
			_____	\$ _____	\$ _____
Hazardous Duty	\$ _____	\$ _____	Other:	_____	\$ _____
			_____	\$ _____	\$ _____
Special Type:			Other:	_____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____

Please Indicate the Gross Year To Date Earnings (*excluding Hostile Fire Pay*) \$ \_\_\_\_\_

Do you anticipate any changes in the pay amounts listed above over the next 12 months?  Yes  No

If yes, please explain the change and effective date here: \_\_\_\_\_

Additional remarks: \_\_\_\_\_

\_\_\_\_\_  
 Authorized Official Signature

\_\_\_\_\_  
 Authorized Official Printed Name & Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Military Agency Address

\_\_\_\_\_  
 Phone #

\_\_\_\_\_  
 Fax #

\_\_\_\_\_  
 E-mail

**NOTE:** 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.