

Verification of Military Pay

To: _____

From: _____

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance

Name: _____

Address: _____

Rank: _____

Serial Number: _____

SS# _____

This person has applied for housing assistance under a program of the U.S. Government. The Government requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant / tenant has consented to this release of the information as shown below.

INFORMATION BEING REQUESTED

Years ____ and months ____ of services for pay purposes.

Monthly Income

| | |
|----------------------------|----------|
| Base Pay and Longevity Pay | \$ _____ |
| Proficiency Pay | \$ _____ |
| Sea and Foreign Duty Pay | \$ _____ |
| Hazardous Duty Pay | \$ _____ |
| Imminent Danger Pay | \$ _____ |
| Subsistence Allowance | \$ _____ |
| Quarters Allowance | \$ _____ |

(Include only amount contributed by Government)

Number of Dependents Claimed _____

| | |
|-----------------------|----------|
| Other (explain) _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

TOTAL AMOUNT RECEIVED MONTHLY \$ _____

Printed Name and Title of Person Supplying
Above Information

Organization

Signature

Date

Note: If this is a HUD Financed property Individual Consent Authorization (FAM form #H004B) must be attached.