

# VERIFICATION OF MILITARY PAY

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

TO: (Name & address of military base) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

I hereby authorize release of my 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 DFAS

Base pay: \_\_\_\_\_ Per month: \$ \_\_\_\_\_

Does employee earn additional pay for any of the following:

- |                       |  |   |
|-----------------------|--|---|
| Longevity             | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, identify amount per month: \$ _____ |
| Proficiency           | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, identify amount per month: \$ _____ |
| Sea & Foreign Duty    | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, identify amount per month: \$ _____ |
| Hazardous Duty        | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, identify amount per month: \$ _____ |
| Imminent Danger       | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, identify amount per month: \$ _____ |
| Subsistence Allowance | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, identify amount per month: \$ _____ |
| Quarters Allowance    | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, identify amount per month: \$ _____ |
| Jump Pay              | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, identify amount per month: \$ _____ |
| Uniform Allowance     | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, identify amount per month: \$ _____ |
| Cola                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, identify amount per month: \$ _____ |
| Other: _____          | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, identify amount per month: \$ _____ |

Do you anticipate an increase in the base pay in the next 12 months? If so, please indicate the amount of the anticipated increase:

\$ \_\_\_\_\_ Per \_\_\_\_\_ Effective on \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
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.

