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.

_____
Development Owner/Management Agent

EMAIL, 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	□ Yes □ No	If yes, identify amount per month:	$ _____
Proficiency	□ Yes □ No	If yes, identify amount per month:	$ _____
Sea & Foreign Duty	□ Yes □ No	If yes, identify amount per month:	$ _____
Hazardous Duty	□ Yes □ No	If yes, identify amount per month:	$ _____
Imminent Danger	□ Yes □ No	If yes, identify amount per month:	$ _____
Subsistence Allowance	□ Yes □ No	If yes, identify amount per month:	$ _____
Quarters Allowance	□ Yes □ No	If yes, identify amount per month:	$ _____
Jump Pay	□ Yes □ No	If yes, identify amount per month:	$ _____
Uniform Allowance	□ Yes □ No	If yes, identify amount per month:	$ _____
Cola	□ Yes □ No	If yes, identify amount per month:	$ _____
Other: _____	□ Yes □ 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.