

MILITARY PAYMENT VERIFICATION

DATE: _____

To: _____

APPLICANT/RESIDENT'S NAME _____

APPLICANT/RESIDENT'S ADDRESS _____

MANAGER'S NAME _____ TEL. # _____

BUILDING'S ADDRESS _____

The applicant/resident list above has applied for residency (or is a resident) at our building. As part of our processing, it is necessary that we obtain verification of his/her employment and anticipated Gross Annual Income. The applicant/resident hereby authorizes the release of information regarding his/her employment and income with the military.

Please complete the section below and return it in the enclosed self-addressed envelope. Thank you in advance for your prompt attention to this matter.

SIGNATURE OF APPLICANT/RESIDENT _____ DATE _____

SIGNATURE OF MANAGER _____ DATE _____

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE OFFICE OF THE MILITARY:

SERVICE FOR PAY PURPOSES: Years _____ Months _____

INCOME:

❖ Base Pay and Longevity Pay \$ _____

❖ Proficiency Pay \$ _____

❖ Sea and Foreign Duty Pay \$ _____

❖ Hazardous Duty Pay \$ _____

❖ Subsistence Allowance \$ _____

❖ Quarters Allowance (INCLUDE ONLY AMOUNT CONTRIBUTED BY THE GOVERNMENT) \$ _____

❖ Number of Dependents Claimed \$ _____

❖ Imminent Danger Pay \$ _____

❖ Other (explain): _____

AUTHORIZED REPRESENTATIVE'S NAME (PRINT) _____

TITLE _____ TEL. # _____

SIGNATURE _____ DATE _____