

Military Pay Verification

To:
 Name: _____
 Address: _____

 Phone: _____ Fax: _____

From:
 Name: _____
 Address: _____

 Phone: _____ Fax: _____

RE:
 Name: _____
 SSN: _____

The person listed above has indicated that he or she is enlisted in the military or receiving military benefits. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

I hereby authorize the release of the requested information. Information obtained regarding my military employment and benefits will be used solely for the purpose of determining my eligibility for occupancy.

Signed _____ Date _____

Gross Earnings Anticipated over next 12 Months:	Rate per month
Base Pay	\$ _____
Longevity Pay	\$ _____
Proficiency Pay	\$ _____
Sea and Foreign Duty Pay	\$ _____
Hazardous Duty Pay	\$ _____
Imminent Danger Pay	\$ _____
Subsistence Allowance	\$ _____
Quarters Allowance (Only the Government amt)	\$ _____
Other (Explain)	\$ _____
Total Amount Received Monthly	\$ _____

Authorized Official Name and Title _____

Signature _____ Date _____

Military Agency _____

Address _____ Phone _____

City _____ State _____ Zip _____

Fax _____ E-mail _____