

**SAMPLE
MILITARY PAYMENT VERIFICATION**

To: _____ Date: _____

_____ has applied for residency (or is a resident) at _____.
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. (Please mail rather than have the above individual hand deliver.) Thank you in advance for your prompt attention.

Printed Name of Applicant/Resident	Printed Name of Manager
Signature of Applicant/Resident	Signature of Manager
Date	Date
Manager's Phone Number	

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

Years _____ and months _____ of Service for Pay Purposes.

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): _____

Printed Name of Authorized Representative	Title
Signature	
Date	Telephone

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder.