

MILITARY PAY VERIFICATION

Property Name: _____ Unit: _____

The undersigned applicant has applied for a rental unit located in a project financed under a Washington State Housing Finance Commission multifamily rental housing program. Income statements of a prospective resident must be verified. Military Personnel is to complete bottom portion.

This form must be mailed or faxed. DO NOT hand-carry this form.

TO: Name and Address of Commanding Officer:

FROM: Name and Address of Property:

Applicant's Name: _____

Social Security Number: _____

My signature authorizes verification of my military pay information:

Signature of Applicant/Resident

Date

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

Signature of Sender

Title

Phone #

Date

TO BE COMPLETED BY MILITARY PERSONNEL

Years _____ and months _____ of service for pay purposes.

Number of dependents claimed _____

Monthly Entitlements from the following sources:

Base pay and longevity pay	\$ _____	Imminent danger pay	\$ _____
Proficiency pay	\$ _____	Subsistence allowance	\$ _____
Sea and foreign duty pay	\$ _____	Basic Allowance for Housing (BAH) (include only amount contributed by government)	\$ _____
Hazardous duty pay	\$ _____		
Other (explain) _____			

TOTAL AMOUNT RECEIVED MONTHLY: \$ _____

Annual Clothing Allowance: \$ _____

Signature of CO or Military Personnel

Date