Military Pay Verification Instruction

**Purpose:** To verify an applicant's/resident's military income.

**Note:** A Leave and Earning Statement ("LES") may be substituted for this verification form. If you use an LES in lieu of the Military Pay Verification Request form make sure to get verification of the clothing and housing allowance.

**Special Mention:**
- This form may not be hand carried. It should be mailed or faxed to the resident’s commanding officer or personnel officer.
- As a courtesy, enclose a self-addressed envelope.

**Specific Instructions:**

1. Enter property name and unit number.
2. Enter name and address or the name and fax number of the Commanding Officer.
3. Enter property name and address.
4. Enter applicant’s name.
5. Enter applicant’s Social Security number. *
6. Applicant signs and dates here.
7. Property Representative sign your name; print your title, date, and include your phone number.

**Note:** For privacy reasons, a resident may elect to not provide his/her Social Security number on this form. Residents who do not provide their Social Security number should sign Certification #2 on the Identification Certification form.
MILITARY PAY VERIFICATION

Property Name: (1) Unit: (1)

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: (2)
FROM: Name and Address of Property: (3)

Applicant’s Name: (4) Social Security Number: (5)

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:

<table>
<thead>
<tr>
<th>Entitlement</th>
<th>Monthly Amount</th>
<th>Imminent danger pay</th>
<th>Sea and foreign duty pay</th>
<th>Subsistence allowance</th>
<th>Proficiency pay</th>
<th>Hazardous duty pay</th>
<th>Subsistence allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base pay and longevity pay</td>
<td>$ ____________</td>
<td>$ ________________</td>
<td>$ ________________</td>
<td>$ ________________</td>
<td>$ ____________</td>
<td>$ ____________</td>
<td>$ ________________</td>
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<tr>
<td>Proficiency pay</td>
<td>$ ____________</td>
<td>$ ________________</td>
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<td></td>
<td>$ ____________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sea and foreign duty pay</td>
<td>$ ____________</td>
<td>$ ________________</td>
<td>Basic Allowance for Housing (BAH)</td>
<td>$ ________________</td>
<td>$ ________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subsistence allowance</td>
<td>$ ____________</td>
<td></td>
<td></td>
<td></td>
<td>$ ____________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total amount received monthly</td>
<td>$ ____________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Clothing Allowance</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

$ ____________

_________________________ _________________
Signature of CO or Military Personnel Date