

MILITARY SERVICE INCOME VERIFICATION

To: _____

Date _____

_____ has applied for residency/is a resident at our rental property. As part of our processing, we must obtain verification of his/her military service income.

Permission by: _____
(Applicant/Resident's Signature) *(Date)*

Please complete the section below and return it by mail in the enclosed self-addressed stamped envelope. Thank you in advance for your prompt attention.

Sincerely,

Apartment Manager

THE FOLLOWING TO BE COMPLETED BY AUTHORIZED MILITARY REPRESENTATIVE:

- Years _____ and months _____ of service for pay purposes.
- Income:

Base and Longevity Pay	\$ _____	Proficiency Pay	\$ _____
Sea and Foreign Duty Pay	\$ _____	Hazardous Duty Pay	\$ _____
Subsistence Allowance	\$ _____	Imminent Danger Pay	\$ _____
Quarters Allowance (include only amount contributed by the Government)	\$ _____	Number of dependents claimed	_____

Other (explain): _____

(Signature of Military Representative)

(Date)

(Title)

(_____) _____
(Telephone Number)