

MILITARY PAY VERIFICATION

TO: _____ DATE: _____
(Name and address of employer)

RE: _____
(Employee Name)

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

Sincerely,

Management Agent

I hereby authorize the above named management agent to make inquiries regarding my employment for the purpose of determining my eligibility for occupancy.

SIGNED _____ DATE _____

Gross Earning anticipated over the next 12 months:

Monthly Gross Basic Pay _____
BAH/VHA/BAQ _____
Commuted Rations _____
Clothing Allowance _____
Other Special Pay (ex: sea pay/sub pay, etc.) _____
Imminent Danger Pay/Hazardous Duty Pay _____

Total Annual Entitlement: _____ Total Monthly Entitlement: _____

Grade Level: _____ Probability of Continued Enlistment: _____

Authorized Official Name and Title: _____

Signature: _____ Date: _____

Military Agency: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

PLEASE RETURN TO:

(Name and title)

(Address)

(City, State and Zip Code)