

MILITARY PAY VERIFICATION

(02/19)

Name of Employer			
Address of Employer	City	State	ZIP Code
Applicant	Social Security Number	Date	

TO BE COMPLETED BY PROJECT MANAGER

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 in a housing development receiving tax credits under Section 42 of the Internal Revenue Service Code.

Project Management Agent

TO BE COMPLETED BY APPLICANT

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

Signature	Date
-----------	------

TO BE COMPLETED BY MILITARY EMPLOYER

Years of Service	Months of Service of pay purposes	Number of Dependents Claimed
------------------	-----------------------------------	------------------------------

GROSS EARNINGS ANTICIPATED OVER NEXT 12 MONTHS

Monthly Base Pay and Longevity Pay	Proficiency Pay		
Sea and Foreign Duty Pay	Hazardous Duty Pay		
Imminent Danger Pay	Subsistence Allowance		
Quarters Allowance (government contribution)			
Total Annual Entitlement	Total Monthly Entitlement		
Probability of Continued Enlistment			
Military Agency	Telephone Number		
Address	City	State	ZIP Code
Authorized Official Signature and Title			Date

TO BE COMPLETED BY PROJECT MANAGER

Please Return To	Telephone Number	Fax Number
------------------	------------------	------------