

Military Income

Applicant/Resident: _____ Social Security No.: _____
Unit No.: _____

To Whom It May Concern:

The individual named above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

By signing below I authorize the release of this information.

Participant's Signature

Date

THIS SECTION TO BE COMPLETED BY MILITARY ADMINISTRATION

Income

Amount of **Monthly** Income to Participant: \$ _____

OR

Amount of **Weekly** Income to Participant: \$ _____

Date Service Began: _____ Date Service Ended: _____

Note: Please exclude amounts for exposure to hostile fire.

I certify that this information is accurate.

Signature

Name (print)

Title

Date

Agency/Company

Telephone Number

Address

City

State

Zip