

MILITARY EMPLOYMENT VERIFICATION

Name and Address of Commander

Date _____

Re: _____

SSN _____

The above referenced person has applied for residency / is a resident at _____

I hereby authorize and request the following information be released to _____

Applicant / Resident Signature

Please complete the section below and return it via mail or fax. Thank you for your prompt attention.

Apartment Manager Signature

1. Base pay and longevity pay: _____
2. Proficiency pay: _____
3. Sea and foreign duty pay: \$ _____
4. Hazardous duty pay: \$ _____
5. Imminent danger pay: \$ _____
6. Subsistence allowance: \$ _____
7. Quarters Allowance: \$ _____
8. Other additional pay benefits: \$ _____

Signature of Commander or his Adjutant

Date

Title and Grade

Telephone Number

WARNING: Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.