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**VERIFICATION OF MILITARY PAY**

DATE:

TO: FROM:

RETURN THIS VERIFICATION TO THE PERSON LISTED HERE.

**SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance**

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person’s eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

INFORMATION BEING REQUESTED

Years\_\_\_\_ and months\_\_\_\_\_ of service for pay purposes.

Income Rate per Month

Base Pay and Longevity Pay $\_\_\_\_\_\_\_\_\_\_\_\_

Proficiency Pay \_\_\_\_\_\_\_\_\_\_\_\_

Sea and Foreign Duty Pay \_\_\_\_\_\_\_\_\_\_\_\_

Hazardous Duty Pay \_\_\_\_\_\_\_\_\_\_\_\_

Imminent Danger Pay \_\_\_\_\_\_\_\_\_\_\_\_

Subsistence Allowance \_\_\_\_\_\_\_\_\_\_\_\_

Quarters Allowance \_\_\_\_\_\_\_\_\_\_\_\_

(Include on amount contributed by Government) \_\_\_\_\_\_\_\_\_\_\_\_

Number of Dependents claimed \_\_\_\_\_\_\_\_\_\_\_\_

Other (Explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

TOTAL AMOUNT RECEIVED MONTHLY $\_\_\_\_\_\_\_\_\_\_\_\_

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME AND TITLE OF PERSON FIRM/ORGANIZATION**

**SUPPLYING THE INFORMATION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE DATE**

**DO NOT SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.**

**RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**PENALTIES FOR MISUSING THIS CONSENT:**

**Title 18, Section 1001 of the U. S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.**

**HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.**

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