



Property Name: Date of 1st request:
 Household Name: Date of 2nd request:
 Unit Number: Date of 3rd request:

The undersigned applicant/resident has applied for a rental unit located in a City of Seattle Office of Housing supported project that requires verification of all income sources. Income statements of each prospective resident participating in the program(s) must be verified by a third party on an annual basis. Agency is to complete bottom portion.

This form must be mailed, scanned and emailed, or faxed. DO NOT hand-carry this form.

TO: Name and Address of Commanding Officer

FROM: Name and Address of Property:

My signature authorizes verification of my military pay information:

Applicant's Name:
 Social Security Number:

X
 Signature of Applicant/Resident Date

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

X
 Signature of Sender Phone #

Print Name Date

TO BE COMPLETED BY MILITARY PERSONNEL

Years and months of service for pay purposes.
 Number of dependents claimed:

Monthly Entitlements from the following sources:

Base pay and longevity pay: <input type="text"/>	Imminent danger pay: <input type="text"/>
Proficiency pay: <input type="text"/>	Subsistence allowance: <input type="text"/>
Sea and foreign duty pay: <input type="text"/>	Basic Allowance for Housing (BAH): <input type="text"/>
Hazardous duty pay: <input type="text"/>	(include only amount contributed by government)
Other (explain) _____	

TOTAL AMOUNT RECEIVED MONTHLY
 Annual Clothing Allowance:

X
 Signature of CO or Military Personnel Date