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MILITARY PAY VERIFICATION

TO: _____

DATE: _____ APT. #: _____

TEL.#: _____

DEVELOPMENT NAME: _____

APPLICANT/RESIDENT: _____

DATE OF BIRTH: _____

RANK: _____

SERIAL #: _____

FROM: _____

TEL.#: _____

FAX #: _____

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

I hereby authorize release of any information requested regarding my income, assets, and allowances.

Applicant/Resident Signature

Social Security Number(s)

TO BE COMPLETED BY MILITARY OFFICIALS:

Type of Income

Rate per Month

- | | |
|--|----------|
| 1. Base Pay and Longevity Pay | \$ _____ |
| 2. Proficiency Pay | \$ _____ |
| 3. Sea and Foreign Duty Pay | \$ _____ |
| 4. Hazardous Duty Pay | \$ _____ |
| 5. Subsistence Allowance | \$ _____ |
| 6. Quarters Allowance (Only government paid portion) | \$ _____ |
| 7. Number of Dependents Claimed | _____ |
| 8. Other (Explain) | _____ |

TOTAL AMOUNT RECEIVED MONTHLY:

\$ _____

Are any changes expected within the next 12 months?
(If yes, please explain and give the effective date of change.)

YES NO

COMMENTS: _____

Signature of Person Verifying Information

Telephone Number

Title

Date

OFFICE USE ONLY:



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

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