Seattle Housing Authority

Head of Household Name: _____

Head of Household SS#: _____

VERIFICATION of MILITARY PAY

The undersigned applicant has applied for a rental unit located in a project financed under a Washington State Housing Finance Commission multifamily rental housing program. Income statements of a prospective resident must be verified. ***This form must be mailed or faxed. DO NOT hand-carry this form***.

TO: (Name and Address of Employer)	FROM: (Name and Address of Project) **FAX: (206) 256-7026**

_____ _____
Household Member's Name Household Member's SS#

My signature authorizes verification of my military pay information:

_____
Household Member's Signature

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.

_____ _____ _____ _____
Signature of Sender Title Date Sender's Phone #

INFORMATION BEING REQUESTED

Years _____ and months _____ of service (for pay purposes).

Income and rate per month *(please check appropriate source and amount received)*:

☐ Base Pay and Longevity Pay $_____ ☐ Proficiency Pay $_____

☐ Quarters Allowance $_____ ☐ Sea and Foreign Duty Pay $_____
(include only amount contributed by government)

☐ Subsistence Allowance $_____ ☐ Clothing Allowance $_____

☐ Number of Dependents Claimed _____

☐ Other (explain) _____ $_____

Total Monthly Amount Received $_____

I hereby certify that the statements above are true and complete to the best of my knowledge.

_____ _____ _____ _____
Employer's Signature Title Phone Date