MILITARY PAY VERIFICATION

TO: (Name & Address)

_____

_____

_____

RE: _____ _____ _____

Applicant/Tenant Name | Social Security Number | Unit # (if assigned)

I hereby authorize release of the requested information.

_____ _____

Signature of Applicant / Tenant | Date

We are required by the Internal Revenue Service (IRS) to verify the incomes of all family members applying for admission to any Low Income Housing Tax Credit Program housing. The Delaware State Housing Authority monitors compliance for IRS requirements. Please complete the form below and return it to the address shown above as soon as possible. This information will only be used to determine the family's eligibility for admission or continued occupancy. Your cooperation is appreciated.

Sincerely,

_____

_____

Title

MAIL OR FAX THIS FORM TO:

THIS SECTION TO BE COMPLETED BY THE MILITARY			
INCOME			PAY PER MONTH
* Basic Pay Allowance for Housing		$	
Base Pay and Longevity Pay		$	
Proficiency Pay		$	
Sea and Foreign Duty Pay		$	
Hazardous Duty Pay		$	
Subsistence Allowance		$	
Separate / Commuted Rations** (if meal card, enter N/A)		$	
Quarters Allowance (Include only amt. contributed by Government)		$	
Number of Dependents Claimed			
Other		$	
TOTAL AMOUNT RECEIVED MONTHLY			

*Until January 1, 2012, Basic Pay Allowance for housing is disregarded for properties located in a county that contains a qualified military installation to which the number of members assigned to units based out of the military installation as of June 1, 2008, has increased by 20% or more from December 31, 2005. This applies to the county that contains the military installation and also to adjacent counties. A qualified military installation is a military installation or facility with 1,000 or more members as of June 1, 2008.
Please indicate if this military installation is qualified as defined above: ☐ Yes ☐ No
**It is our understanding that the commuted rations are received monthly unless the solder is in the field.
Please indicate the number of days the soldier is anticipated to be in the field in the next 12 months. _____

Military Personnel Officer

Signature: _____ Date: _____
Print your name: _____ Tel. #: _____
Title: _____
Address: _____
_____
_____

Warning: Section 1001 of Title 18 of the 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.
3/09