

To: Name _____
 Address _____

 Email _____
 Phone _____
 Fax _____

From: Name _____
 Address _____

 Email _____
 Phone _____
 Fax _____

Re: Name _____ Address _____
 Last 4 Digits of SS # _____

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 that 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.

Applicant/Tenant _____

Date _____

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

The individual named above has applied for tenancy or is currently residing in a community that was developed under the U.S. Department of Housing and Urban Development, U.S. Department of Agriculture (Rural Housing) or Section 42 of the IRS code which is administered by the State. Federal regulations require the housing owner to annually verify the household's income and other information related to eligibility. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be kept in strict confidence. We are required to complete our verification process in a short time period and would appreciate your prompt response. Return this form via email or fax number as it appears above. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

Information Being Requested:

Years _____ and months _____ of service for pay purposes.

<u>Income</u>	<u>Amount Per Month</u>
Base Pay	\$ _____
Longevity Pay	\$ _____
Proficiency Pay	\$ _____
Sea and Foreign Duty Pay	\$ _____
Hazardous Duty Pay	\$ _____
Imminent Danger Pay	\$ _____
Subsistence Allowance	\$ _____
Quarters Allowance (Include only amount contributed by Government)	\$ _____
Number of Dependents Claimed _____	
Other (Explain): _____	\$ _____
Total Amount Received Monthly	\$ _____

 Name / Title of Person Supplying Information

 Organization

 Signature

 Date

 Phone #

 Fax #

 Email Address

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud.