

TO:
Name: _____

FROM:
Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

RE:
Name: _____

SSN: _____

The person listed above has indicated that he or she is receiving Workman’s Compensation. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

I hereby authorize the release of the requested information. Information obtained regarding my military employment and benefits used solely for the purpose of determining my eligibility for occupancy.

Signed: _____ Date: _____

Gross Earnings Anticipated over next 12 months:	Rate per month
Base Pay	\$ _____
Longevity Pay	\$ _____
Proficiency Pay	\$ _____
Sea and Foreign Duty Pay	\$ _____
Hazardous Duty Pay	\$ _____
Imminent Danger Pay	\$ _____
Subsistence Allowance	\$ _____
Quarters Allowance (Only the Government amt)	\$ _____
Other (Explain) _____	\$ _____
Total Amount Received Monthly	\$ _____

Authorized Official Name and Title _____

Signature _____ Date _____

Military Agency: _____

City _____ State _____ Zip _____

Fax: _____ Email: _____

