

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
HOUSING TRUST FUND
AMY YOUNG BARRIER REMOVAL PROGRAM**

VERIFICATION OF INCOME FROM MILITARY SERVICE		
Contract Administrator Name:	Contract Number:	
Address:		
Phone:	Fax:	Email:
Applicant Name:		
RELEASE: Applicant's signature here authorizes the release and/or verification of the requested Income from Military Service information.		
_____	_____	
Signature of Applicant	Date	
Authorization and Verification: State regulations require verification of employment and income of all members for any household who applies for HTF Program funds. Employment and income must be re-examined and re-verified periodically. We ask your cooperation in providing this information to the above-referenced Contract Administrator. The information you provide will be used only to determine the eligibility status and level of benefit available to the applicant household..		
Income from Military Service Data:		
Years _____ and Months _____ of service for pay purposes.		
Number of dependents claimed _____		
Income:		
Base and Longevity Pay:	\$ _____	
Proficiency Pay:	_____	
Sea and Foreign Duty Pay:	_____	
Hazardous Duty Pay:	_____	
Subsistence Allowance:	_____	
Quarters Allowance (include only amount contributed by the government)	_____	
Imminent Danger Pay	_____	
Other: Explain: _____	_____	
Signature of Authorized Representative: _____		
Title:	Date:	Phone:
WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.		