

F-19M Verification of Military Service Employment

SCSHFDA, 300-C Outlet Pointe Blvd., Columbia, SC 29210, (803) 896-9001 www.schousing.sc.gov

To: _____ From: _____

Phone: _____ Fax: _____
Email: _____

RE: _____
(Applicant's Name)

I hereby authorize release of my information.

Signature of Applicant _____ Date _____

OR copy of the attached executed release form which authorizes the information to be requested.

Federal regulations require verification of income from all members of the household applying for participation in the assistance program which we operate. This information will be used only to determine the eligibility status and level of benefit for the household. Your prompt response is greatly appreciated.

THIS SECTION TO BE COMPLETED BY MILITARY SERVICE EMPLOYER

1. Years _____ and Months _____ of service for pay purposes.

2. Income: Base and Longevity Pay \$ _____
Proficiency Pay \$ _____
Sea & Foreign Duty Pay \$ _____
Hazardous Duty Pay \$ _____
Subsistence Allowance \$ _____
Quarters Allowance \$ _____
Imminent Danger Pay \$ _____
Other (explain) \$ _____

3. Number of Dependents: _____

4. Gross Income: \$ _____

This amount received? _____ Weekly _____ Bi-weekly _____ Monthly _____ Bi-monthly _____ Yearly

Authorized Signature _____ Printed Name _____ Date _____

Title _____ Address _____

Phone # _____ Fax # _____ Email _____

Note: Section 101 of Title 18 of the US 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.