

# MILITARY INCOME

Applicant: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Address: \_\_\_\_\_

The individual named above is applying for a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

By signing below I authorize the release of this information.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**Return form to:**

Intake Unit  
Department of Housing & Family Services  
Housing & Community Development Division  
745 West Main Street, Suite 300  
Louisville, KY 40202

(Faxes are acceptable – 574-4199)

**THIS SECTION TO BE COMPLETED BY MILITARY ADMINISTRATION**

Income

Amount of Monthly Income to Participant: \$ \_\_\_\_\_

OR

Amount of Weekly Income to Participant: \$ \_\_\_\_\_

Date Service Began: \_\_\_\_\_ Date Service Ended: \_\_\_\_\_

Note: Please exclude amounts for exposure to hostile fire.

I certify that this information is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency/Company

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State

\_\_\_\_\_  
Zip

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.