

CITY OF BELLE GLADE VERIFICATION OF INCOME FROM MILITARY SERVICE



Attn: Human Resources
110 Dr. Martin Luther King Jr. Blvd. West
Belle Glade, FL 33430-3900
PHONE: 561-996-0100
FAX: 561-993-1813

TO: (NAME & ADDRESS OF SERVICING AGENT)

YEARS _____ AND MONTHS _____ OF
SERVICE FOR PAY PURPOSES.

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) \$ _____

Number of dependents claimed _____

Imminent Danger Pay \$ _____

Other (explain):

AUTHORIZATION: The City of Belle Glade is required to verify Military Service Income of all members of the household applying for participation in the City of Belle Glade First Time Home Buyer Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

RELEASE: I hereby authorize the release of the requested information.

(SIGNATURE OF APPLICANT)

DATE: _____

Signature of _____ or
Authorized Representative

TITLE: _____

DATE: _____

TELEPHONE: _____

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.