

Military Housing Rental Verification Request Form

Service Member Information

Full Name

Rank

Branch of Service

Unit/Command

Contact Number

Email Address

Rental Property Information

Property Address

Landlord/Agent Name

Landlord/Agent Contact

Lease Details

Lease Start Date

Lease End Date

Monthly Rent

Number of Occupants

Authorization

☐ I authorize verification of my rental residence and release of related information as required.

Signature

Date