

HOUSING SUBSIDY REQUEST FOR THE SUMMER INTERN PROGRAM

PART I AGENCY INFORMATION

1. Agency	<input type="text"/>	2. Program	<input type="text"/>
3. Office Address	<input type="text"/>	4. Phone Number	<input type="text"/>
	<input type="text"/>	5. T & A Contact Point Number	<input type="text"/>
6. Name of Approving Official	<input type="text"/>		

PART II EMPLOYEE INFORMATION

7. Name of Employee (<i>last, first, m.i.</i>)	<input type="text"/>	8. Social Security No	<input type="text"/>
9. Direct Deposit	<input type="text"/>	10. Dates of Employment	<input type="text"/> to <input type="text"/>
<i>Routing No.</i>	<input type="text"/>	11. Duty Station	<input type="text"/>
<i>Account No.</i>	<input type="text"/>	12. Tax Information	State <input type="text"/>
Checking <input type="checkbox"/>	Savings <input type="checkbox"/>		
OR			
Mail Paper Check to	<input type="text"/>	Filing Status	<input type="text"/>
	<input type="text"/>	Number of Exemptions	<input type="text"/>
		State	Federal
		<input type="text"/>	<input type="text"/>

PART III SUBSIDY INFORMATION

Subsidized housing is a taxable benefit under the Federal tax code. The amount requested on line number 13, will be increased because of federal, state, local, FICA, and medicare taxes. The **gross** amount of the subsidy will be charged to your budget, and will be included on the student's W-2 form at the end of the year.

13. Net Amount of Subsidy Requested	<input type="text"/>	14. Accounting Code	<input type="text"/>
15. Subsidy to be Dispersed	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> other

The attached Personnel Bulletin No. 302-2 states the cost for privately owned housing, including base utilities, should not exceed the average rental cost of a one bedroom apartment within the appropriate geographical area. In limited circumstances, the authorizing official may increase the subsidized amount above these guidelines. However, the authorizing official must document in writing the reasons for the exception. If the amount on line number 13 exceeds the average cost for a one bedroom unit for your geographical area, please state the reasons in the space provided below.

<input type="text"/>
<input type="text"/>
<input type="text"/>

PART IV Authorization

I have read Personnel Bulletin No. 302-2 and agree to abide by all rules and regulations.

Signature of Approving Official _____

Date

A copy of the rental lease or receipt must accompany this form.

Completed form may be faxed to (612) 336-3544.

If you have any questions, please contact your Civilian Pay Technician.