U.S. Military on the Move™

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Verification of Program Eligibility

Military Consumer Name Current Address	
Sales Associate Name	
By my signature below, I certify that I have presented proof of Wounded Warrior status.	valid Military ID or
Military Consumer Signature	Date
By my signature below, I certify that I have verified the identi	fication presented.
Sales Associate Name	Date

Please submit completed form to Relocation Department.

