

2009 – 2010 Military Information Form

University of Hawai'i - West O`ahu
Student Services Office, Financial Aid
96-129 Ala Ike Street, Peal City, HI 96782

This form is used to verify non-taxable military allowances for an independent student (or spouse) or for the parent of a dependent student who is/was on active military duty from *January 1, 2008 to June 30, 2010*. Complete this form and submit to the UHWO Student Services Office. Please **TYPE** or **PRINT legibly**.

Note: If amounts reported seem unusually low, you may be required to submit additional verification of what was reported.

Student's Last Name, First Name MI UH ID Number

- The following information applies to (check): Applicant Spouse Father Mother
- Initial date of military service in Hawaii: _____ (month/year).
If not stationed in Hawaii for the entire year 2008, please provide previous state of residence: _____.
- Pay grade: _____.
- In the year 2008, did you live in military housing (check)? YES NO
 - If YES, you must provide an amount in item 5b below.
- Indicate below the **ANNUAL** amount received for each of the following items for the 12-month period 01/01/2008 – 12/31/2008. Respond to all items with a dollar amount or a zero (0). **Do not leave any line blank.** You may go to the Department of Defense website at: <https://secureapp2.hqda.pentagon.mil/perdiem/> to obtain BAH rates for the year 2008.

** If you need assistance in obtaining the non-taxable income information, contact your military Paymaster's Office. **

NON-TAXABLE INCOME:

**2008 Calendar Year
(Annual amount)**

- | | |
|---|----------|
| a. Cost of Living Allowance (COLA) | \$ _____ |
| b. Basic Allowance for Housing/Quarters (BAH, BAQ, VHA, etc.).
(*If you answered 'YES' to question #4 above you must enter the amount you would have received if you lived off base.) | \$ _____ |
| c. Basic Allowance for Subsistence (BAS): | \$ _____ |
| d. Family Separation Allowance: | \$ _____ |
| e. Clothing Maintenance Allowance (CMA) | \$ _____ |
| f. Other: _____ | \$ _____ |
| g. TOTAL NON-TAXABLE MILITARY ALLOWANCE INCOME:
The sum of lines 5a – 5f should be reported on your FAFSA.
(Questions 47g. or 95g.) | \$ _____ |

I (We) certify that the information provided is true and correct to the best of my knowledge. I understand that any false statement or misrepresentation may be a cause for denial, reduction, or repayment of my financial aid.

**NOTE: The student applicant and the person(s) in the military MUST sign and date this form.*

Student's signature _____ Date _____

Military member's signature _____ Date _____
(If other than student)