This form is used to verify non-taxable military allowances for an independent student (and/or their spouse), or for the parent of a dependent student who is/was on active military duty from January 1, 2013 to June 30, 2014. Complete this form and submit to the UHWO Student Services Office.

Note: If amounts reported seem unusually low, you may be required to submit additional information.

Please TYPE or PRINT legibly.

Student’s Name: ___________________________________________ UH ID Number: __________________________

Last               First          MI

1. The following information applies to (check):  □ Applicant  □ Spouse  □ Father  □ Mother

2. Initial date of military service in Hawaii: _____________________________ (month/year).
   * If not stationed in Hawaii for the entire year 2013, please provide previous state of residence: ____________________________.

3. Branch of Service of Military Member: Army / Air Force / Coast Guard / Navy / Marine / Nat. Guard

4. Pay grade: _________.

5. Indicate the ANNUAL amount received for each of the following items below for the 12-month period of 1/1/2013 – 12/31/2013. Respond to all items with a dollar amount or indicate a zero (0) where applicable. Do not leave any item blank.
   * If you need assistance in obtaining the non-taxable income information, refer to the military member’s Leave Earnings Statement (LES) or contact the Dept. of Defense Finance & Accounting Services at 1-888-332-7411. *

   NON-TAXABLE INCOME:

   a. Cost of Living Allowance (COLA):
      $__________________

   b. Basic Allowance for Subsistence (BAS):
      $__________________

   c. Family Separation Allowance:
      $__________________

   d. Clothing Maintenance Allowance (CMA)
      $__________________

   e. Other: ____________________
      $__________________

   f. TOTAL NON-TAXABLE MILITARY ALLOWANCE INCOME:
      (The sum of lines 5a – 5f should be reported on lines 45g or 94g on your FAFSA.)
      $__________________

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

*NOTE: The student & the military member MUST sign & date this form if the serviceman is other than the student.

Student’s signature: ___________________________________________ Date: __________________________

Military member’s signature: ___________________________________________ Date: __________________________

UHWO Financial Aid Office Use Only >>>>>>

Initial EFC = ________________  Transaction # ________________

Military Non-taxed Income on ISIR = ________________

Recalc’d EFC = ________________  FAO Initials _____________________