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, 2015 to June 30, 2016. 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 member’s service in Hawai‘i: ___________________________ (month/year).
   * If not stationed in Hawai‘i for the entire year 2015, 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 1/1/2015 – 12/31/2016. Respond to all items with a dollar amount or indicate a zero (0) where applicable.

   * 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. *

<table>
<thead>
<tr>
<th>NON-TAXABLE INCOME:</th>
<th>2015 Calendar Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Cost of Living Allowance (COLA):</td>
<td>$_________________</td>
</tr>
<tr>
<td>b. Basic Allowance for Subsistence (BAS):</td>
<td>$_________________</td>
</tr>
<tr>
<td>c. Family Separation Allowance:</td>
<td>$_________________</td>
</tr>
<tr>
<td>d. Clothing Maintenance Allowance (CMA):</td>
<td>$_________________</td>
</tr>
<tr>
<td>e. Other: ___________________________ (Do not report BAH)</td>
<td>$_________________</td>
</tr>
<tr>
<td>f. ANNUAL TOTAL: (The sum of lines 5a – 5f should be reported on lines 45g or 94g on your FAFSA.)</td>
<td>$_________________</td>
</tr>
</tbody>
</table>

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: ________________

Submit this form along with any required documents to:
University of Hawai‘i West O‘ahu Financial Aid Office
91-1001 Farrington Hwy., Kapolei, HI 96707
Telephone: (808) 689-2900
Fax: (808) 689-2901
Email: uhwo.finaid@hawaii.edu
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