MILITARY ALLOWANCE INCOME VERIFICATION

Name________________________________ Student ID____________________

Federal and state regulations relative to student financial aid, mandate coordination and verification of all family financial resources. The information provided below will be used only to determine the applicants financial aid eligibility. The data will be kept confidential by the campus pursuant to Sections 67-100-67147 of California Education Code and the 1974 Family Education Rights and privacy Act.

Section I –

To be completed by the person receiving the allowances (student, spouse, or parent) before submitting to the Financial Aid office:

Recipient's Name________________________________ Phone Number (       )____________________
Date of Entry_______________ Military Branch________________ Grade in 2008________________
Zip Code of location in 2008________________ Did benefits include dependents in 2008:   YES / NO
Recipient's Signature________________________________________________________ Date____________

Section II -

Date benefits began_________/_________/_________ Total 2008
Month Day Year 1/1/08 - 12/31/08

Type of Benefit Actual $ Amount or Cash Value of Allowances

BAH ___________________________ ___________________________
BAS ___________________________ ___________________________
Clothing Allowances ___________________________ ___________________________
Other ___________________________ ___________________________

☐ I am unable to get the information, please use the military pay chart.

Please note: Military pay chart will be used if form is returned incomplete.

Student Signature________________________________ Date____________________

GPM revised 2/09