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 2009 ______________

Zip Code in 2010 ______________

Recipient’s Signature ___________________________ Date __________________

Section II -

Date benefits began _____________ / ___________ / _________

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>
| ___________ | ___________ | ___________

Type of Benefit              Actual $ Amount  or  Cash Value of Allowances

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