



HONOLULU COMMUNITY COLLEGE - FINANCIAL AID OFFICE
 874 Dillingham Boulevard - Honolulu HI 96817

2009-2010 MILITARY INFORMATION FORM

Print Student's Last name, First MI _____

Social Security Number _____

We are requesting this form 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**.

1. The following information applies to: Applicant Spouse Father Mother
2. Initial date of military service in Hawaii: _____
Month/Year
3. Pay grade: _____
4. In the year 2008, did you live in military housing? Yes** No
5. Indicate the **ANNUAL** amount received for each of the following items for the 2008 calendar year (January 2008 to December 2008). **Do NOT leave any item blank**; respond with a dollar amount or zero.

2008 Calendar Year Annual Amount

- a. Cost of Living Allowance (COLA): \$ _____
 - b. Clothing Allowance: \$ _____
 - c. Basic Allowance for Housing (BAH): \$ _____
****If you answered "Yes" to question #4 above, you must still enter the amount you would have received if you lived off base.**
 - d. Basic Allowance for Subsistence (BAS): \$ _____
 - e. Family Separation Allowance: \$ _____
 - f. Other: _____ \$ _____
- Total of 5a - 5f Untaxed Military Allowance Income \$ _____
 (This amount should be reported on Worksheet B of the FAFSA.)

I/we certify that the information given above is true, correct, and complete. I/we also understand that purposely providing false or misleading information may lead to a \$20,000 fine, imprisonment, or both.

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

Student's Signature

Date

Spouse's Signature

Date

Father's Signature

Date

Mother's Signature

Date

Return this form to:

Honolulu Community College - Financial Aid Office
 874 Dillingham Boulevard, Honolulu, HI 96817