

# HAWAI'I PACIFIC UNIVERSITY

## FINANCIAL AID OFFICE



### 2009 - 2010 MILITARY BENEFITS INFORMATION

This worksheet is required as part of the application process for all military campus students. The total 2008 military Untaxed Income and Benefits from this worksheet should be transferred to the FAFSA, question 47g, or 95g. This form must also be completed and returned to the Financial Aid Office at Hawai'i Pacific University.

Student \_\_\_\_\_ Student I.D. #@ \_\_\_\_\_  
 Sponsor \_\_\_\_\_ Branch of Service \_\_\_\_\_  
 Rank \_\_\_\_\_ Years of Service \_\_\_\_\_ Initial Date of Service in Hawai'i \_\_\_\_\_  
 (if currently in Hawai'i)  
 Duty Zip Code for 2008 \_\_\_\_\_

List the amount of untaxed income and benefits received each month in 2008. Add each column and enter the total of all 2008 untaxed income and benefits below:

	<b>BAH or Value</b>	<b>BAS or Rations</b>	<b>COLA</b>
January	_____	_____	_____
February	_____	_____	_____
March	_____	_____	_____
April	_____	_____	_____
May	_____	_____	_____
June	_____	_____	_____
July	_____	_____	_____
August	_____	_____	_____
September	_____	_____	_____
October	_____	_____	_____
November	_____	_____	_____
December	_____	_____	_____
<b>Totals</b>	_____	_____	_____

- **Please submit copy of LES statements for any month you did NOT receive BAH, BAS or COLA.**
- **If separated during 2008, submit a copy of your DD214.**
- **If you are a Department of Defense (DOD) employee, submit a copy of your badge.**

Total 2008 Military Untaxed Income & Benefits (total of all columns) = \$ \_\_\_\_\_

**NOTE: DO NOT LEAVE ANY COLUMNS BLANK.**  
**IF YOU LIVED IN GOVERNMENT QUARTERS IN 2008 LIST THE MAXIMUM AMOUNT OF BAH YOU WOULD HAVE RECEIVED, BASED ON RANK AND DEPENDENTS, IF YOU HAD BEEN LIVING OFF BASE. THIS IS THE EQUIVALENT UNTAXED VALUE OF YOUR RENT-FREE HOUSING.**

I certify all information on this form is true and complete to the best of my knowledge. If requested, I agree to provide documentation to verify information on this form.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Spouse's / Sponsor's Signature  
 (Include copy of POA if applicable).

\_\_\_\_\_  
 Date