



Financial Aid Office
 2405 E. College Way – Lewis 121
 Mount Vernon, WA 98273
 Phone: MV-360.416.7666/WIC-360.679.5320
 Fax: MV-360.416.7886/WIC-360.679.5375

2016-2017 VERIFICATION OF MILITARY FOOD, AND OTHER LIVING ALLOWANCES

Student Name _____

SS # _____

Provide the total cash value/cash equivalent of food and any other living allowances such as Basic Allowance for Subsistence (BAS), Cost of Living Adjustments (COLA), and Clothing Allowances that you, your spouse, or your parents (if dependent) received in 2015. **DO NOT INCLUDE** your Basic Allowance for Housing (BAH) or the cash value of on-base military housing.

Benefits Received in 2015:

Student/Spouse (Independent)

Parent of Student (Dependent)

Monthly Basic Allowance for Subsistence (BAS): _____ X the # of Months Active Duty in 2015: _____ = \$ _____

Clothing Allowance: _____ Cost Of Living Adjustment (COLA): _____

Other Food/Living Allowances: _____

TOTAL BENEFITS: \$ _____

To help in determining the cash value of these benefits, please review the charts below.

Monthly Basic Allowance for Subsistence (BAS) Effective 1/1/2015	
OFFICERS	\$253.38
ENLISTED	\$367.92

Please provide an explanation below, if you report that you do not receive any of the above benefits:

Navy Clothing Allowances (Effective 10/1/2014) Standard Initial Clothing Allowance (Enlisted Only)	
MALE	\$1,797.42
FEMALE	\$1,982.74

Cash Clothing Replacement Allowance (Enlisted Only)		
	MALE	FEMALE
BASIC	\$320.40	\$327.60
STANDARD	\$457.20	\$468.00
SPECIAL	\$648.00	\$669.60

I hereby certify that the above information provided on this form is true and correct to the best of my knowledge.

Once completed, this form may be submitted via your mySVC email account, to financialaid@skagit.edu. Note: this email address is for document submission only.

Student Signature _____

Date _____

Parent Signature (for dependent students) _____

Date _____

SVC FINANCIAL AID OFFICE USE ONLY

MB

**INITIALS
& DATE:**