Leave & Earnings Statement Verification Form
Financial Aid Office

Student Name: ________________________________________  Student ID#: A_________________

Instructions:

Your 2016-2017 and/or 2017-2018 Free Application for Federal Student Aid (FAFSA) indicated that you may have had Basic Allowance for Subsistence (BAS) and/or Basic Allowance for Housing (BAH) during 2015. Please answer the questions in the following sections and submit this form to the Financial Aid Office as soon as possible if you are unable to submit a Leave & Earnings Statement (LES) from the last month in 2015 that you, your spouse, and/or your parent(s) were active duty military.

Section I: 2015 Active Duty Information

Were you, your spouse, and/or your parent(s) [if dependent] active duty military in 2015?  □ Yes  □ No

If yes then proceed to section II, then proceed to section III.

If no then proceed to section III.

Section II: BAS Information

Who in your FAFSA household was active duty military in 2015? _________________________

How many months was this person active duty military in 2015? _________________________

What was this person’s monthly Basic Allowance for Subsistence (BAS) amount in 2015? ____________
(e.g. enlisted personnel received around $367.92 each month & officers received around $253.38 each month)

Section III: BAH Information

Are you, your spouse, and/or your parent(s) [if dependent] currently active duty military?  □ Yes  □ No

Do you, your spouse, and/or your parent(s) [if dependent] currently live on Base Housing? □ Yes  □ No

Section IV: Certification

I hereby certify that all the information contained in this document is true and complete. I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that I may be fined, sentenced to jail or both if I am found to have knowingly or intentionally given false, fraudulent or misleading information.

Student’s Signature: ___________________________________________  Date:  _______________

Spouse / Parent’s Signature: ____________________________________  Date:  _______________