

(80) UNTAXED MILITARY BENEFITS WORKSHEET **2021-2022**

All questions on this form are required to process your financial aid.

Student Name: _____	For Official Use Only: _____
Last First MI	
ctcLink ID Number: _____	
The following information applies to whom (Check One)? Student/Spouse: Parent/Guardian:	
What was your highest pay grade in 2019?	
Date you were transferred to Washington State?	
If you were not living in Washington State during 2019, list Zip Code for the state you lived.	
Did you live in Military Housing in 2019 (Check One):	
NO YES	
Please indicate below the monthly amount of military benefits you or your family received each month in 2019. Do NOT leave any item blank (indicate -0- for items that do not apply). If you require assistance in completing the information below, please contact your military Finance Office.	

2019 Calendar Year	BAS or Rations	COLA	Clothing Allowance	Other Untaxed Income
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
COLUMN TOTALS:				

Total 2019 Military Benefits and Allowances (total of all columns): Student Sig _____ Date: _____

Received	Scanned	Posted
		Code: 80
Form last updated:FEB21HT		