

# UMUC EUROPE MILITARY / CIVILIAN UNTAXED INCOME WORKSHEET

Please complete this chart if you or your family received military income or benefits during 2007.\* If you did not receive military income or benefits during 2007, please complete 1-5 and sign and date. The figures are from the U.S. Department of Defense Finance and Accounting Service. These figures are effective January 1, 2007.

Please complete this worksheet when answering question number 41 or 85 (Worksheet B) on the 2008-2009 Free Application for Federal Student Aid (FAFSA).

- Applicant's 2007 Status:  Active Duty  Family Member  Civilian  
Sponsor's 2007 Status:  Active Duty  Civilian
- Total number of months applicant was in the military in 2007 \_\_\_\_\_  
Total number of months spouse/sponsor was in the military in 2007 \_\_\_\_\_
- Applicant's rank in 2007 \_\_\_\_\_ Spouse's/ sponsor's rank in 2007 \_\_\_\_\_
- Date applicant arrived overseas \_\_\_\_\_ Date spouse/sponsor arrived overseas \_\_\_\_\_
- Date of marriage \_\_\_\_\_
- Do you qualify for veterans assistance?  No  Yes; VA chapter \_\_\_\_\_
- Are you degree-seeking with UMUC?  Yes  No; Which university? \_\_\_\_\_
- Source(s) of military/civilian untaxed income:

SOURCE	MONTHLY	2007 TOTAL
OHA (overseas housing allowance)		
COLA (cost of living allowance)		
Meal card		
Separate rations/ BAS (basic allowance for subsistence)		
Clothing allowance for 2007		
TLA (temporary lodging allowance) for 2007		
FSA (family separation allowance) for 2007		
BAH (basic allowance for housing)–use chart at right.		
Veterans noneducation benefits		
Any other untaxed income and benefits (W-2 Box 12 Q)		
<b>TOTAL</b> This is part of your answer to question number 41 or 85 on the FAFSA. Please review Worksheet B, page 5 of the FAFSA to determine if any additional amounts should be included.		

Yes  No I authorize UMUC Europe to discuss my financial aid file with my spouse or parent.

Student name

Date

Student signature

Social Security number

Address

E-mail

Return to: UMUC, Financial Aid, Unit 29216, APO AE 09102

Fax: CIV +49-(0)6221-378398, DSN 314-370-8908

Telephone

Grade	Single Partial Rate	BAH-II (with dependent)	BAH-II (without dependent)	x Number of Months	Total 2007 BAH
O-6	39.60	1,331.70	1,102.80		
O-5	33.00	1,283.70	1,062.00		
O-4	26.70	1,131.60	984.00		
O-3	22.20	936.30	789.00		
O-2	17.70	798.90	625.20		
O-1	13.20	715.20	527.10		
O3E	22.20	1006.20	851.70		
O2E	17.70	907.80	723.90		
O1E	13.20	839.40	622.80		
W-5	25.20	1,092.60	999.60		
W-4	25.20	1,001.40	887.70		
W-3	20.70	918.00	746.40		
W-2	15.90	843.60	662.40		
W-1	13.80	729.90	555.30		
E-9	18.60	960.90	729.00		
E-8	15.30	886.50	669.30		
E-7	12.00	822.90	571.50		
E-6	9.90	760.20	517.20		
E-5	8.70	684.00	477.30		
E-4	8.10	594.30	414.90		
E-3	7.80	552.90	407.10		
E-2	7.20	527.10	330.60		
E-1	6.90	527.10	295.20		

## University Policies

In making this application, I accept and agree to abide by the policies and regulations of UMUC Europe concerning drug and alcohol abuse and understand that the unlawful use of drugs or alcohol will subject me to the penalties contained in those policies and regulations. I have read, I understand, and I agree to abide by the academic progress standards and refund policy governing tuition and financial aid as stated in the UMUC Europe catalogs and/or their revisions. I authorize UMUC to examine and duplicate information from my admission and academic records and to provide the same to any interested state scholarship agencies, loan agencies, or applicable donor organizations to which I may have applied for financial assistance. In addition, I consent to the release of enrollment and academic status, grades, student accounts receivable, graduation date, and current address, as required, to lenders, agencies, or applicable donor organizations from which I have requested or borrowed funds. I will notify the Financial Aid Office in writing if I receive any financial assistance other than that offered me by Financial Aid (including any assistance from my employer, any other college or university, or any agency not a part of UMUC Europe). I authorize UMUC to gather information from other agencies as necessary to determine my eligibility. I understand that if I withdraw from classes or reduce my course load, I must notify the Financial Aid Office. I also understand that in such cases my aid may be reduced or canceled, and I may be responsible for repaying that aid. I affirm that the information submitted on this application is true and correct, and I understand that if there is any misrepresentation of facts on this financial aid application, I will be automatically denied financial assistance. I have read, I understand, and I agree to abide by all of the above statements. All information contained in this application is true and complete. UMUC reserves the right to make any necessary adjustments to policies and procedures so as to remain in compliance with federal regulations, contractual obligations, and changes to university policy. I understand that questions about my eligibility for federal financial aid are to be directed to the Financial Aid Office of UMUC Europe and that it is my responsibility to maintain contact with the aid office as to the status of my application and award.

Warning: If you purposely give false or misleading information on your financial aid application, you could be subject to a fine, a prison sentence, or both.

By signing, I agree to allow UMUC to electronically add the UMUC school code to my Student Aid Report if I have not already listed it. I may be requested to provide my original Student Aid Report to UMUC.