

APPLICATION & AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR HOUSING OR RECERTIFICATION OR DEPENDENCY DETERMINATION/REDETERMINATION OR ESM START/STOP FOR MEMBERS ASSIGNED/TERMINATING UNACCOMPANIED PERSONNEL HOUSING

PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 403, Public Law 96-343, EQ 9397

PURPOSE: To start, adjust or terminate military member's entitlement to BAH or to provide required Entitlement Recertification or Dependency Determination/Redetermination or ESM start/stop for eligible members E6 and below assigned/terminating unaccompanied personnel housing.

ROUTINE USE(S): Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or information on tax deducted, Department of Veteran Affairs for education and group life insurance information, and the Department of Justice for investigating or prosecuting possible violations of the law, the American Red Cross for information concerning the needs of the member or dependents emergency situations, the Air Force to determine needs of a member or dependents in emergency situations and for verification of loan applications, state and local governments for tax and welfare insurance companies for allotment information and financial institutions, for deposits and/or payments.

DISCLOSURE: Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of BAH

PART A - IDENTIFICATION & DUTY LOCATION			LODGING OFFICIAL	
1. NAME (Last, First, MI)			NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS	
2. SSN			QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE:	
3. GRADE		4. PHONE	ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT #	
5A. DUTY LOCATION (Base, State, ZIP Code or Country)			INADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT #	
5B. E-MAIL ADDRESS			TRANSIENT QUARTERS OCCUPIED - UNIT #	
PART B - MARITAL/DEPENDENT STATUS			EFFECTIVE DATES FROM: TO:	
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)			TITLE	
MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER			SIGNATURE	
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:			Click to sign	
<input type="checkbox"/> DIVORCED _____ (Date) <input type="checkbox"/> LEGALLY SEPARATED _____ (Date)			DATE	
7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR <input type="checkbox"/> \$ _____ .00 PER MONTH FOR DEPENDENT SUPPORT				
BASED ON: a. <input type="checkbox"/> DIVORCE DECREE b. <input type="checkbox"/> COURT ORDER c. <input type="checkbox"/> LEGAL SEPARATION AGREEMENT, OR d. <input type="checkbox"/> WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN				
8. I <input type="checkbox"/> CLAIM BAH FOR THE DEPENDENT <input type="checkbox"/> IN <input type="checkbox"/> NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (Effective Date): _____				
Note: Indicate the civilian dependent(s) you are claiming and the relationship (i.e., spouse, minor child, incapacitated child, stepchild or parent). For other than spouse or minor child, see list of potential dependents in Part C below. If dependent(s) is a child, include the date of birth(DOB).				
(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB	
9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING				
NAME	SSN	BRANCH OF SERVICE	STATION	
PART C - MEMBER'S CERTIFICATION (For members with dependents)				
<input type="checkbox"/> I certify that I provide adequate support (see AFI 36-2906 and JFTR ch 10) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAH, and recouping allowances paid for any prior periods of nonsupport				
CERTIFICATION FOR MEMBERS RECEIVING BAH FOR SECONDARY DEPENDENTS (package must be sent to DFAS-IN for determination).				
(Parents, parents-in-law, stepparents, parents-by-adoption, or in-loco-parentis, Students 21 and 22 years of age, Incapacitated children over age 21, or Ward of a court).				
I certify that this is my first application <input type="checkbox"/> YES <input type="checkbox"/> NO If no, give date your last application was filed. _____				
I understand that my failure to comply with the applicable requirements may result in cancellation of my BAH. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or false statement in connection with a claim is a maximum fine of \$10,000 or imprisonment for 5 years, or both. I will report any changes of dependent's status or residence, as well as any changes in my housing arrangements immediately to the Financial Services Office (FSO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.				
MEMBER'S SIGNATURE				DATE
Click to sign				

ADDITIONAL INFORMATION

OFFICIAL USE ONLY - FINANCE

<input type="checkbox"/>	START	<input type="checkbox"/>	CHANGE	<input type="checkbox"/>	CANCEL	<input type="checkbox"/>	REPORT	<input type="checkbox"/>	STOP	<input type="checkbox"/>	PARTIAL	<input type="checkbox"/>	WITHOUT DEPENDENT	<input type="checkbox"/>	WITH DEPENDENT
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PRIMARY DEPENDENT CERTIFICATION: I have determined that the above named individual is dependent on the member based on being

Spouse
 Single member claiming legitimate child in custody of another
 Legitimate child in single member's custody
 Stepchild
 Adopted Child
 Illegitimate child or
 Child, member to member marriage

SECONDARY DEPENDENT DETERMINATION/REDETERMINATION

Parents
 Parents-in-law
 Stepparents
 Parents-by-adoption
 In-Loco-Parentis
 Students 21 and 22 years of age
 Incapacitated children over age 21
 Ward of a court

I have determined that the above named individual is not dependent on member or eligible to be a dependent of member. Reasons for disapproval are noted here

I have verified that member is E-7 or above and there is no military necessity that requires the member to reside on base

TITLE OF CERTIFYING OFFICIAL	SIGNATURE Click to sign	OFFICE ADDRESS	DATE
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