

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, Privacy Act of 1974

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 government quarters

ROUTINE USE(S): Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or 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 or Space Force to determine needs of a member or dependents in emergency situations.

DISCLOSURE: Voluntary. However, failure to provide all information may result in non-payment of Basic Housing Allowance (BAH)

SORN: T7340, Defense Joint Military Pay System - Active Component, T7344, Defense Joint Military Pay System - Reserve **Component**

MEMBER INFORMATION			HOUSING OFFICIAL	
1. NAME (Last, First, MI)			NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE: _____ ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED EFFECTIVE DATE: _____ UNIT # _____ INADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED EFFECTIVE DATE: _____ UNIT # _____ TRANSIENT QUARTERS OCCUPIED - UNIT # _____ EFFECTIVE DATES FROM: _____ TO: _____ NAME, GRADE and TITLE of HOUSING REPRESENTATIVE _____ SIGNATURE _____ DATE _____	
2. DoD ID Number	3. GRADE	4. PHONE		
5A. DUTY LOCATION (Base, State, ZIP Code or Country)				
5B. MEMBER'S PHYSICAL ADDRESS (Street, City, State, Zip Code or Country)				
5C. E-MAIL ADDRESS				
MARITAL / DEPENDENT STATUS 6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S) MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER IF MILITARY SPOUSE provide - NAME, DoD ID Number, BRANCH OF SERVICE, DUTY STATION AND DATE OF MARRIAGE: _____ _____ _____ <input type="checkbox"/> DIVORCED _____ <input type="checkbox"/> LEGALLY SEPARATED _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (Date) (Date) </div>				
7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR <input type="checkbox"/> _____ 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): _____ <i>Note: Indicate the civilian dependent(s) you are claiming and their relationship. If dependent(s) is a child, include the date of birth(DOB).</i>				
(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	DoD ID Number	BRANCH OF SERVICE	STATION	
MEMBER'S CERTIFICATION (Required for members claiming dependents)				
<input type="checkbox"/> I certify that I provide adequate support (see DoD FMR Vol 7A, Chapter 26) 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 approved by AFPC-OL, Indianapolis).				
(Parents, parents-in-law, stepparents, 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

ADDITIONAL INFORMATION

OFFICIAL USE ONLY - FINANCE

☐ START ☐ STOP ☐ CANCEL ☐ REPORT ☐ CHANGE ☐ PARTIAL ☐ WITHOUT DEPENDENT ☐ WITH DEPENDENT

PRIMARY DEPENDENT CERTIFICATION: I have reviewed supporting document and determined that the above named individual(s) is / are 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: Approved by AFPC-OL, Indianapolis, Determination letter dated:

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

☐ AFPC has determined the above named individual(s) is / are **not** eligible to be member's dependent. 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

NAME / RANK / TITLE OF CERTIFYING OFFICIAL

SIGNATURE

UNIT NAME / BASE

DATE