

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)			
2. SSN	3. GRADE	4. PHONE	
5A. DUTY LOCATION (Base, State, ZIP Code or Country)			
Unit: Check One: USAF USSF			
5B. E-MAIL ADDRESS			
PART B - 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 - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE: _____ _____ _____ _____			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: _____ TITLE SIGNATURE <div style="text-align: center;">Click to sign</div> DATE

7. NON-CUSTODIAL PARENTS: I PAY ☐ THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR ☐ \$ _____ .00 PER MONTH FOR DEPENDENT SUPPORT
 BASED ON: a. ☐ DIVORCE DECREE b. ☐ COURT ORDER c. ☐ LEGAL SEPARATION AGREEMENT, OR d. ☐ WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN

8. I ☐ CLAIM BAH FOR THE DEPENDENT ☐ IN ☐ 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)

☐ 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 ☐ YES ☐ 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

Authorized TLA Period: 3 December 2021 - 23 December 2021

____ (Initials) I certify that the dates I occupied the various TLA options below are true and accurate. (Please input dates below)

Dates

Self-Procured: _____ - _____

Contracted Lodging: _____ - _____

In Residence: _____ - _____

____ (Initials) I certify that my community is affected and I have experienced water-related health or safety concerns.

____ (Initials) I certify that my address falls within the community written below:

Community Name: _____ (Ex. Red Hill, Officer Field, Onizuka, Hale Na Koa, etc)

____ (Initials) I understand that I will receive TLA entitlements for only myself and any dependents that reside with me.

Signature: _____ Date: _____

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