



Non-Federal Civilians in Navy Housing (Procured Lodging) Financial Assistance

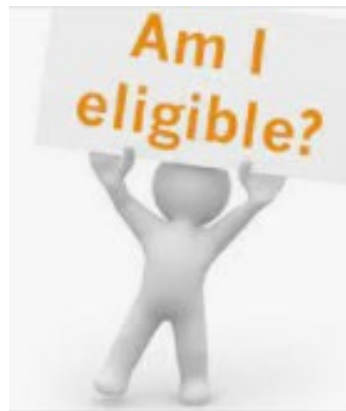


1

Does this Sound Like You? Non-Federal Civilians

Residents at Navy Housing may fall into one of many criteria that would make them eligible for Emergency and Extraordinary Expenses (EEE) financial support. Some examples (but not limited to these) are:

- Retiree not currently employed
- Retiree employed by a private company
- Non-activated reservist
- Civilian employed by a non-Federal government agency
- Civilian employed as a contractor



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Financial Assistance for Lodging, Meals & Incidental Expenses:

For those eligible, EEE funding may provide the following financial assistance in accordance with the Oahu Per Diem Rates*:

Lodging: Up to \$177 (\$312 for 17 Dec 2021 – 5 Jan 2022) reimbursable with a receipt

Meals & Incidental Expenses (M&IE): Up to \$149/day based on applicable % amounts for household members (no receipts required)



*Duration of reimbursed Oahu Per Diem for Lodging and M&IE will extend until the water is rendered safe. Each housing area will be informed when it is all clear to return, at which point you will be given another 48 hours to return to home.

3

Proof of Eligibility

Residents that believe they fit into this category should expect to provide certain information to verify they are eligible. Without this information, financial eligibility cannot be established.

- ✓ Certify they were adversely affected by the contamination of the Navy's drinking water.
- ✓ Certify they are not receiving any other DoD Compensation for the Evacuation.
- ✓ Provide copy of a current lease in resident's name with an address on Navy Housing.
- ✓ Provide current contact information to include phone number.





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Required documentation/information for reimbursement request

A resident profile will be established for reimbursement purposes. To accomplish this there is certain **sensitive information*** that must be collected

- First/Last Name
- Social Security Number
- Phone Number
- Email Address (where you want notification to go)
- Mailing Address
- Residence Address (if different)
- Emergency Contact person and phone number
- Bank Account Routing Number
- Bank Account Number
- Lodging Receipts (if applicable)
- Dependent Names and ages
- Declaration of Resident (self-attestation)

***It is the Resident's choice to provide this information. However, disbursement of funds cannot not be made if they choose to decline data collection.**

5a

Creation and Routing of Authorization and Voucher for Payment

- Electronically fill in and print embedded forms A-3, A-4, and A-5 in advance to minimize the processing time.
- All documents are to be signed by claimant in-person during a scheduled processing date/time.
- Electronic Funds Transfer (EFT) form required for direct deposit <http://www.routingnumber.com/>. Refer to a voided check if necessary.
- Bring all required documentation and filled out forms to a claims processing session scheduled (attached) at the Personnel Detachment Support (PSD) Center located at 4827 Bougainville Drive, Honolulu, HI 96818.
- Reimbursement Support Specialist will be onsite to explain and walk you through the process step-by-step.
- Approved claims will be scanned for further processing and returned for your retention.

To print out the embedded attachments on page two, highlight the document, right mouse click, select Document Object, then select Open. This will open the document and provide the option to print.



A-3 Dependent Certification



A-4 Electronic Funds Transfer (EFT)



A-5 Declaration of Resident

5b

Creation and Routing of Authorization and Voucher for Payment

Financial profiles that include Social Security Numbers and bank account information will be established by Defense Finance & Accounting Service (DFAS).

Once completed, the reimbursement requests will be submitted electronically via Wide Area Work Flow (WAWF) to the DFAS by Navy Certifying Officials.

The funds will disbursed via Electronic Funds Transfer (EFT) to the bank account information on the A-4 CEFT form. Payments are anticipated to take between 10-14 days.

Questions can be submitted via email to:

JBPHH_evac_auth_fct@navy.mil



Non-Federal Civilians in Navy Housing Financial Assistance Schedule



Below is the schedule for **Non-Federal Civilians in Navy Housing**

Location: Personnel Support Detachment (PSD), Room 262, 4827 Bougainville Drive, Honolulu, HI 96818

Tuesday, 11 Jan 22:

Pearl City Peninsula

0900 – 1100: Last Name A – Z

Hale Na Koa

1200 – 1400: Last Name A – H

1400 – 1600: Last Name I – Z

Wednesday, 12 Jan 22:

Officer Field

0900 – 1200: Last Name A – Z

Catlin Park, Doris Miller, Halsey Terrace, Radford Terrace

1200 – 1400: Last Name A – Z

Thursday, 13 Jan 22:

Makalapa, Moanalua Terrance

0900 – 1100: Last Name A – Z

Halawa, Hospital Point, Onizuka Village, Hale Moku

1300 – 1500: Last Name A – Z

Friday, 14 Jan 22:

Earhart Village, Earhart Village 2

0900 – 1100: Last Name A – H

1100 – 1300: Last Name I – Z

Hale Na Koa 2

1300 – 1500: Last Name A – H

1500 – 1600: Last Name I – Z

DECLARATION OF RESIDENT

I, _____, declare:

1. On or before and through 2 December 2021, I resided at a residence serviced by the Navy's water distribution system.
2. I was adversely affected by the contamination of the Navy's drinking water that began on or before 2 December 2021 and declared by the Hawaii Department of Health as not fit for human consumption.
3. I can be contacted if further information is necessary regarding the adverse effects I suffered from the water contamination.
4. I declare under penalty of perjury that the foregoing is true and accurate.

Printed Full Name

Signature

Date of Signature

Phone Number

Email Address

CEFT INPUT INFORMATION

Payee Name
(As on file with IRS)

SSN _____ EIN _____

Corporate Status Code:

Is the payee a corporation? Y/N _____

Is the payee DoD connected? Y/N _____

Is the payee an individual? Y/N _____

Payee **MAILING** Address _____

Payee/ POC Name _____

Payee /POC Phone Number _____

Payee /POC Email Address _____

FINANCIAL INSTITUTION INFORMATION

Has the U.S. Treasury granted the payee a waiver from the EFT requirement stated in federal law 31 U.S.C. 3332 and 31 CFR 208? Y/N_____ If not, please call 855-290-1545 to request a waiver or submit a completed FS Form 1201W to U.S. Treasury, Electronic Payment Solution Center, P.O. Box 650015, Dallas, TX 75265-0015 for processing.

Payee Bank Name _____

Payee Bank Address _____

Payee Bank Telephone Number _____

ACH Nine-Digit Routing Transit Number _____

Depositor (Payee) Account Number _____

Type of Account (Checking or Savings) _____

Account Holder's Name _____

Account Holder's Signature _____

DEPENDENT CERTIFICATION

The dependent certification is intended for residents serviced by the Navy Water System that are not eligible for Temporary Lodging Allowance (TLA) or travel orders. This certification is part of an expense reimbursement package that must be approved by the Department of Defense. This certification alone does not entitle a resident to expense reimbursement.

“Dependent” means one or more of the following relatives of the resident who does not receive a similar allowance from the Government and is not included as another resident’s dependent for determining a similar allowance:

- (1) Spouse or domestic partner, excluding a spouse/domestic partner authorized to and receiving a similar allowance;
- (2) Children who are unmarried and under age 21 or, regardless of age, are incapable of self-support. The term includes, in addition to natural offspring, step and adopted children, children of a domestic partner and children who are under the employee’s, the spouse’s, or the domestic partner’s legal guardianship and expected to remain under legal guardianship until age 21.
- (3) The resident’s, spouse’s, and/or domestic partner’s parents (including step and legally adopted parents), when the parents are at least 51 percent dependent on the employee for support.
- (4) The resident’s, spouse’s, and/or domestic partner’s sisters and/or brothers (including step or adopted sisters or brothers), when the sisters and/or brothers are at least 51 percent dependent on the employee for support, unmarried and under age 21 or, regardless of age, are incapable of self-support.
- (5) Other relative of resident residing with the resident that does not fit within one of the four categories above, approval of dependent status subject to DoD approval upon consideration of proposed justification provided by resident.

NAME <i>(Last, First, Middle Initial)</i>	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Under civil penalties of fraud, I declare this dependent certification as legal, true, and correct in accordance with the definition above. Fraudulent claims may result in civil damages under 31 United States Code § 3729.

Print Resident Name

Resident Signature

Date