

Personal Information

NAME: _____

DATE OF RETIREMENT/SEPARATION: _____

Current physical address (please include the zip code): _____

Are you:

Staying local Going to another OCONUS Location Moving CONUS

Do you plan to take leave? **Yes No**

If so, what kind? **Permissive Terminal**

Do you have Dependents? **Yes No**

Are you Mil-to-Mil? **Yes No**

Personal email address: _____

Current squadron: _____

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

1. NAME (Last, First, MI)		
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 ☐ SINGLE, NO DEPENDENTS ☐ SINGLE, CLAIMING DEPENDENT(S)
 MARRIED - SPOUSE IS A ☐ CIVILIAN ☐ MILITARY MEMBER
 IF MILITARY SPOUSE provide - NAME, DoD ID Number, BRANCH OF SERVICE,
 DUTY STATION AND DATE OF MARRIAGE:

☐ DIVORCED _____ ☐ LEGALLY SEPARATED _____
 (Date) (Date)

HOUSING OFFICIAL

NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS
 QUARTERS ARE NOT ASSIGNED ☐ DATE: _____
 ADEQUATE QUARTERS ☐ ASSIGNED ☐ TERMINATED
 EFFECTIVE DATE: _____ UNIT # _____
 INADEQUATE QUARTERS ☐ ASSIGNED ☐ TERMINATED
 EFFECTIVE DATE: _____ UNIT # _____
 TRANSIENT QUARTERS OCCUPIED - UNIT # _____
 EFFECTIVE DATES FROM: _____ TO: _____
 NAME, GRADE and TITLE of HOUSING REPRESENTATIVE _____
 SIGNATURE _____
 DATE _____

7. NON-CUSTODIAL PARENTS: I PAY ☐ THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR ☐ _____ 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. ☐ 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 their relationship. 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	DoD ID Number	BRANCH OF SERVICE	STATION

MEMBER'S CERTIFICATION (Required for members claiming dependents)

☐ 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 ☐ 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
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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

OFFICE ADDRESS

DATE

ADDRESS CHANGE FORM

PRIVACY ACT STATEMENT

Personal information is solicited on this form. As required by the Privacy Act of 1974, we advise:

1. **AUTHORITY:** 37 U.S.C. 101 et seq. 5 U.S.C., Chapter 55; 10 U.S.C., Chapters 67.71, and 871; Title 39, U.S.C. 406 and Title 10, U.S.C. 8013; E.O. 9397, Nov 1943

2. **PRINCIPAL PURPOSES:** To permit address changes for the Joint Uniform Military Pay System (JUMPS), the Retired Pay Systems, the Reserve component pay systems, and the civilian pay systems. To maintain a record of current address for pay related matters and bonds.

3. **ROUTINE USES:** Information may be disclosed to the General Accounting Office to provide financial information; Federal, State, and local courts for tax and welfare purposes; U.S. treasury to provide information on bonds purchased; and to the Department of Justice in some cases for criminal prosecution, civil litigation, or investigative purposes.

4. **DISCLOSURE:** Voluntary; however, failure to provide the requested information as well as the SSN may result in a delay in receipt of funds, Leave and Earnings Statement, Net Pay Advices, and miscellaneous pay-related documents.

Complete section 1 to change your mailing or organizational address for pay related items. Complete Section 2 to change the mailing address for some or all of your payroll deduction U.S. Savings Bonds. Civilian employees do not use Section 2 for bonds.

SECTION 1

NAME	Social Security #	CHECK ONE: AD <input type="checkbox"/> RET <input type="checkbox"/> CIV <input type="checkbox"/> GUARD/RES <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/>
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NEW MAILING ADDRESS

NUMBER, STREET, PO BOX

CITY, STATE, ZIP, APO/FPO

NEW ORGANIZATIONAL ADDRESS

UNIT/OFFICE SYMBOL	DUTY PHONE	BOX NO	RNLTD	DEPARTURE DATE	EST ARR DATE
GRADE	LOCAL ADDRESS			HOME PHONE	

FORWARDING ADDRESS

SECTION 2

ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS

B O N D #1	NEW <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)	B O N D #2	NEW <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)
	NAME TO WHOM MAILED		NAME TO WHOM MAILED
	NUMBER, STREET, PO BOX		NUMBER, STREET, PO BOX
	CITY, STATE, ZIP, APO/FPO		CITY, STATE, ZIP, APO/FPO
B O N D #3	NEW <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)	B O N D #4	NEW <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)
	NAME TO WHOM MAILED		NAME TO WHOM MAILED
	NUMBER, STREET, PO BOX		NUMBER, STREET, PO BOX
	CITY, STATE, ZIP, APO/FPO		CITY, STATE, ZIP, APO/FPO

SIGNATURE OF MEMBER/EMPLOYEE

DATE

FAST START
DIRECT DEPOSIT

Initial here if
same bank as AD:

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION (SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER <div style="border: 1px solid black; width: 100px; height: 1.2em; display: inline-block;"></div> EMPLOYEE NAME <div style="border: 1px solid black; width: 200px; height: 1.2em; display: inline-block;"></div> (as on payroll records) (Last, First, Initials) TELEPHONE NUMBER (WORK) <div style="border: 1px solid black; width: 40px; height: 1.2em; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 1.2em; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 1.2em; display: inline-block;"></div> (HOME) <div style="border: 1px solid black; width: 40px; height: 1.2em; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 1.2em; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 1.2em; display: inline-block;"></div>		<div>Do you want your final active duty paycheck to go to the same bank account currently on file? (Circle One) YES or NO</div>	
2. TYPE OF ACCOUNT <div><input type="checkbox"/> Checking</div> <div><input type="checkbox"/> Savings</div> TYPE OF PAYMENT <div><input type="checkbox"/> Net Pay</div> <div><input type="checkbox"/> Travel</div> <div><input type="checkbox"/> Other Federal employment related payments</div>	3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments) A voided personal check/sharedraft may be attached in lieu of completing this section. See instructions on back of this form. ROUTING TRANSIT NUMBER <div style="border: 1px solid black; width: 100px; height: 1.2em; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 1.2em; display: inline-block;"></div> Check Digit ACCOUNT NUMBER <div style="border: 1px solid black; width: 150px; height: 1.2em; display: inline-block;"></div> ACCOUNT TITLE _____ (Account Holder's Name) FINANCIAL INSTITUTION NAME _____		
4. ALLOTMENT INFORMATION Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.			
TYPE OF ALLOTMENT (Check One) <div><input type="checkbox"/> Savings (whole dollar amounts only)</div> <div><input type="checkbox"/> Discretionary or Third Party</div>	TYPE OF ACCOUNT (Check One) <div><input type="checkbox"/> SAVINGS</div> <div><input type="checkbox"/> CHECKING</div>	ACTION (Check One) <div><input type="checkbox"/> START</div> <div><input type="checkbox"/> CANCEL</div> <div><input type="checkbox"/> CHANGE</div>	AMOUNT (Check One) <div><input type="checkbox"/> INCREASE TO:</div> <div><input type="checkbox"/> DECREASE TO:</div> <div>New Total \$ _____</div>
<div>ALLOTTEE NAME (person/company who will receive allotment) <div style="border: 1px solid black; width: 250px; height: 1.2em; display: inline-block;"></div></div> <div>ALLOTTEE'S ROUTING NUMBER <div style="border: 1px solid black; width: 100px; height: 1.2em; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 1.2em; display: inline-block;"></div> Check Digit</div> <div>ALLOTTEE'S ACCOUNT NUMBER <div style="border: 1px solid black; width: 150px; height: 1.2em; display: inline-block;"></div></div> <div>ALLOTTEE'S ACCOUNT TITLE (Account Holder's Name) _____</div> <div>FINANCIAL INSTITUTION NAME _____</div>			
5. AUTHORIZATION * _____ EMPLOYEE'S SIGNATURE <div style="text-align: right;">_____</div> DATE			
6. AGENCY USE:			