BASIC ALLOWANCE FOR HOUSING (BAH) AUTHORIZATION AND DEPENDENCY DECLARATION

For use of this form, see AR 637-1. The proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 403, Basic allowance housing; Army Regulation 637-1, Army Military Compensation and Entitlement Policy.

PRINCIPAL PURPOSE: To start, adjust or terminate a Soldier's entitlement to basic allowance for housing (BAH) and to verify a Soldier's dependency status. For additional information see the System of Records Notice A0600-8-104 APS http://www.federalregister.gov/documents/2019/07/18/2019-15242/privacy-act-of-1974-system-of-records.

ROUTINE USES: To the Internal Revenue Service for tax purposes. To the U.S. Government Accountability Office for statistical management To the members of Congress for inquiries. To U.S. state courts and various law enforcement agencies by subpoena only.

DISCLOSURE: Voluntary; however, form will not be processed without your DoD ID for pay purposes and nondisclosure may result in discrepancies with your BAH.

1. Name *(Last, First, MI)*	2. DOD ID Number	3. Grade

4. Member's Physical Address *(Street, City, State, and Zip Code)*	5. Duty Location *(Unit Location or City, State, and Zip Code)*

6. Effective Date Of Action *(YYYYMMDD)*

7. Type Of Action *(Select Only One)*
☐ Start ☐ Change ☐ Stop ☐ Recertify

8. BAH Type *(Select Only One)*
☐ With Dependents ☐ Without Dependents ☐ Differential

9. Marital Status *(Select Only One)*
☐ Single ☐ Married ☐ Divorced ☐ Legally Separated ☐ Widowed

10. Spouse's Name *(Last, First, MI)*

Has your spouse or former spouse ever served in a branch of the Uniformed Services? *(If Yes, complete blocks a, b, c & d)*
☐ YES ☐ NO

11. Spouse's Physical Address *(Street, City, State, and Zip Code)*

a. Spouse's DOD ID Number

b. Spouse's Branch Of Service

c. Date Spouse Last Entered Service *(YYYYMMDD)*

d. Date Spouse Last Separated Service *(YYYYMMDD)*

12. Other Dependent Information *(Children and Secondary Dependents)*. Additional Dependents Will Be Listed On Additional Forms

Name	Physical Address	Relationship	Date Of Birth *(YYYYMMDD)*	Custody	
				Physical	Legal

13. Certification of Dependent Support

_____ Read and Initial: I understand that the legal purpose of a housing allowance on behalf of a dependent is to partially reimburse a Service Member for the expense of providing a private sector residence for the dependents when Government Quarters are not provided. I further understand that a housing allowance for a dependent is not a bonus merely for the technical status of being married or a parent.

_____ Read and Initial: I understand that I am required to provide adequate support to those dependents on whose behalf I am receiving a housing allowance and if I fail to provide adequate support, the housing allowance that I received for that dependent will be recouped for nonsupport or inadequate support periods.

_____ Read and Initial: I understand that a legal separation agreement, court decree, judgment, or order that does not state the dependent support amount, or absolves me of my dependent support responsibility, does not of itself affect my housing allowance. I further understand that if I am authorized a housing allowance on behalf of a dependent that I must contribute to my dependent's support in an amount that is not less than the applicable BAH-DIFF rate.

_____ Read and Initial: I understand that if there is a court order or legal separation agreement stating the support amount, I must contribute to the dependent's support the amount specified therein, but in no case may the support payments be less than the applicable BAH-DIFF rate.

_____ Read and Initial: I certify that I provide or am willing to provide adequate support to the above named dependents.

I certify ALL information regarding this authorization is correct. I will immediately notify the servicing Finance/Personnel Office of any changes in the information above, due to divorce, marriage, death, living in government quarters etc., which could affect my BAH entitlement.

IMPORTANT: Making a false statement or claim against the US Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of $10,000 or imprisonment for 5 years, or both.

14. Member's Signature	15. Date *(YYYYMMDD)*	16. Commander's Signature	17. Date *(YYYYMMDD)*