Changing your BAH status

A Quick Guide from HQ RIO

How to correctly fill out and submit Basic Allowance for Housing updates

The Air Force has a periodic requirement to have service members re-certify their Basic Allowance for Housing. However, changes to your personal situation may necessitate changing your BAH rate from "with dependent" to "without dependent," or vice versa. Some reasons may be:

- You get married
- You become single
- You have a child
- You are single and your children all "age out"
- You begin caring for a family member as a dependent

THINGS TO KEEP IN MIND:

- Use the latest version of the form from AF e-publishing, click <u>here</u> and search 594.
- You may be asked to provide supporting documentation. Things like:
 - A Marriage license
 - Child support court orders
 - Divorce or Legal Separation orders
 - Or other specific documentation that fits your particular circumstance
- You'll be able to submit your AF Form 594 and supporting documentation securely via myFSS (link at the bottom of each page)—remember you can also to go to the IMA Management Page from myFSS and select the Reserve Pay Office.

The following pages are examples for the AF Form 594 as submitted by a

reservist to change from WITH to WITHOUT, or from WITHOUT to WITH:

- Reservist gets married (civilian, another reservist, an active duty member)
- Reservist married to an active duty member has a child
- Reservist is single and has a child
- Reservist has a non-custodial child for whom they pay child support
- Single reservist has a child whose other parent is military
- Single reservist begins caring for a family member

BAH Change Matrix

Use this matrix to determine if you need to do anything related to a change in BAH.

| If you are a reservist currently | | | | |
|------------------------------------|------------|-----------------|--------------|-------------------|
| claiming BAH without dependent | | | | |
| rate and you | | | | |
| | Remain BAH | | | |
| | without | Become BAH with | Submit | |
| | dependent | dependent | AF Form 594? | Docs |
| | | | | marriage |
| Marry a civilian | | x | yes | certificate |
| | | | | |
| | | | | |
| Marry a reservist | x | | no | |
| | | | | |
| Marry an active duty member | x | | no | |
| | | | | |
| Have a child whose other parent is | | | | birth certificate |
| a civilian | | x | yes | of youngest child |
| | | | | |
| Have a child whose other parent is | | | | birth certificate |
| in the military | | x | yes | of youngest child |
| Have a child but are the non- | | | | |
| custodial parent and don't pay | | | | |
| child support | x | | | |
| Begin paying child support for a | | | | child support |
| non-custodial child | | x | yes | agreement |
| | | | - | - |
| | | | | DFAS |
| Begin caring for a family member | | | | Determination |
| as a dependent | | x | Ves | Memo |
| | | ^ | ,= | |

If you are a reservist currently claiming BAH <u>with</u> dependent rate and you(n) ...

| | Become BAH | | | |
|---|------------|-----------------|--------------|---------------|
| | without | Remain BAH with | Submit | |
| | dependent | dependent | AF Form 594? | Documentation |
| Divorce | | | | divorce |
| (no dependent children) | x | | yes | agreement |
| Divorce (maintain custody of dependent children) | | x | no | |
| Divorce (pay child support for | | | | |
| dependent children) | | x | no | |
| | | | | DFAS |
| Youngest child "ages out" | | | | Determination |
| (married to a civilian) | | x | no | Memo |
| | | | | |
| | | | | DFAS |
| Youngest child "ages out" | | | | Determination |
| (married to military) | X | | yes | Memo |

Reservist gets married

If you previously had a BAH WITHOUT DEPENDENT and get married to a civilian, you qualify for a WITH DEPENDENT rate. However, if you marry another reservist or active duty member, you will both maintain your WITHOUT DEPENDENT rate, in which case you don't need to submit any paperwork.

Required Supporting Documentation: Marriage certificate

| PART A - IDENTIFICATION & DUTY LOCATION | | | | | | 1 Fill out Part A as shown in | | | |
|---|--|---------------------|--|--|--|-------------------------------|--|--|--|
| 1. NAME (Last, First, MI) | 1. NAME (Last, First, MI) | | | | | | | | |
| Your Name Here | | | | | the exa | mnle l | helow. | | |
| 2. SSN | 3. GRADE | 4. P | HONE | | the exa | | | | |
| Your complete SSN | O-2 / E-7 | Nur | nber you can be re | ached at | | | | | |
| 5A. DUTY LOCATION (Base, | State, ZIP Code o | r Coui | ntry) | | | | | | |
| Your assigned Duty Loc | ation | | | | | | | | |
| 5B. E-MAIL ADDRESS email that you can be most easily reached at | | | | | | | | | |
| PART B - | MARITAL/DEF | ENC | DENT STATUS | | | | | | |
| 6 🔄 SINGLE, NO DEPEN | NDENTS | SINGL | E, CLAIMING DEPEND | ENT(S) | 2. Fill ou | Fill out Section 8 as | | | |
| MARRIED - SPOUSE IS A | | MIL | LITARY MEMBER | | depicte | d belo | w. | | |
| IF MILITARY SPOUSE - NAM | E, RANCH | OF S | ERVICE, STATION AND | DATE | Gepiece | | | | |
| OF MARRIAGE: | | | , | | | | | | |
| | | | | | | | | | |
| 8. I 🔀 CLAIM BAH FOR T | HE DEPENDENT 🔀 I | N 🗌 | NOT IN MY LEGAL AND PHYSI | CAL CUSTODY LIST | ED BELOW (Effective | e Date): | YYYYMMDD | | |
| Note: Indicate the civilian of spouse or minor child, see | dependent(s) you are list of potential deper | claimin Idents i | ng and the relationship (i.e., sp in Part C below. If dependent | ouse, minor child, i s) is a child, include | ncapacitated child, the date of birth(L | stepchild (DOB). | or parent). For other than | | |
| (a) NAME (Las | t, First, MI) | | (b) ADDRESS, CITY, STATE, Z | P or COUNTRY | (c) RELATION | SHIP | (d) DOB | | |
| Spouse's name | | Ad | ldress that they live | | Spouse | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 9. IF DEPENDENT NAMED F | ABOVE IS A CHILD WHO AME | JSE PA | SSN | BRANCH C | F A MEMBER PROV F SERVICE | IDE THE F | STATION | | |
| | | | | | | | | | |
| | | PART C | - MEMBER'S CERTIFICATION | For members with | dependents) | | | | |
| support the above name | dequate support (see led dependents will re- | AFI 36 sult in s | -2906 and JFTR ch 10) for the stopping BAH, and recouping a | dependents name allowances paid for | a above. I am awar any prior periods o | e that fallu f nonsuppo | re to adequately ort | | |
| CERTIFICATION | FOR MEMBERS RECE | VING B | BAH FOR SECONDARY DEPEN | DENTS (package mu | st be sent to DFAS- | IN for deter | rmination). | | |
| (Parents, parents-in-law 21, or Ward of a court). | v, stepparents, parent | s-by-ac | doption, or in-loco-parentis, St | idents 21 and 22 ye | ars of age, Incapa | citated chil | dren over age | | |
| I certify that this is my | first application 🔲 | YES [| NO If no, give date your | last application wa | s filed. YYYYN | AMDD | | | |
| l understand that my fa statement or claim aga | ailure to comply with the winst the US Governme | ne appl ent is n | licable requirements may resu supishable by court martial an | It in cancellation of that the penalty fo | my BAH. Furthern | nore, I und false clair | erstand that making a false | | |
| connection with a claim | n is a maximum fine o | f \$10,0 | 000 or imprisonment for 5 year | s, or both. I will rep | ort any changes of | f depender | nt's status or residence, as | | |
| well as any changes in appropriate requirement | n my housing arranger nts may cause involur | nents i ntary co | mmediately to the Financial S ollection of any resulting indeb | ervices Office (FSC tedness retroactive |)). I also understan to the date the en | d that my i titlement b | failure to comply with ecame erroneous. | | |
| | , | , | , | | | | - | | |

Digitally sign the document, save it and attach the completed AF594 along with

your required documents to your myFSS ticket. That's it! You've just updated your

BAH myFSS submission link: <u>Here</u>

Reservist married to an active duty member has a child

Required Supporting Documentation: Birth certificate for the youngest child

| | 1. Fill out | t Part A as shown in | | | | | |
|---|---|--|---|---|---|---|--|
| 1. NAME (Last, First, MI) | | N G DOTT | LUCATION | | | | |
| Your Name Here | | | | | the exam | iple below: | |
| 2. SSN | 3. GRADE | 4. PHONE | | | | | |
| Your complete SSN | O-2 / E-7 | Number | you can be reach | ed at | | | |
| 5A. DUTY LOCATION (Ba | ase, State, ZIP Code o | r Country) | | | | | |
| Your assigned Duty | Location | | | | | | |
| 5B. E-MAIL ADDRESS e | mail that you can | 2. Fill out | t Section 8 as | | | | |
| PART 6 SINGLE, NO DE | B - MARITAL/DE | PENDENT SINGLE, CL | STATUS | (S) | depicted | depicted below. | |
| MARRIED - SPOUSE IS | | | Y MEMBER | | Addition | ally put the child's | |
| IF MILITARY SPOUSE - N | NAME, SSN, BRANCH | OF SERVIO | CE, STATION AND DAT | TE | military p | parent in Section 9 | |
| OF MARRIAGE: Spouse's name, Social Security, Military Branch of Service, Duty Station they are assigned to Date of Marriage | | | | | even if it | 's the same as | |
| ine, are assigned to | , Dute of Infantage | ,• | | | | | |
| 8.1 Cl Note: India | LAIM BAH FOR THE DEPENDE cate the civilian dependent(s) | NT X IN | NOT IN MY LEGAL AND PHYSI og and the relationship (i.e., sp | CAL CUSTODY LIST | ED BELOW (Effective incapacitated child, | e Date): YYYYMMDD | |
| | (a) NAME (Last, First, MI) | lal dependents | (b) ADDRESS, CITY, STATE, ZI | IP or COUNTRY | (c) RELATION | ISHIP (d) DOB | |
| Child's n | ame | Ad | ldress that they live | | Child | YYYYMMDD | |
| | | | | | | | |
| | | | | | | | |
| section 6. | | | | | | | |
| | | | | | | | |
| 9. IF DEPE | NDENT NAMED ABOVE IS A C | HILD WHOSE PA | RENT IS A MILITARY MEMBER. | OR THE SPOUSE | OF A MEMBER PROV | VIDE THE FOLLOWING | |
| Dente | NAME | | SSN The Cardinal | BRANCH | OF SERVICE | STATION | |
| Parent's I | name | PART C | Parent's Social | USAF For members with | dependents) | Base they are stationed | |
| I certify suppor | y that I provide adequate supp t the above named depender | port (see AFI 36 nts will result in s | -2906 and JFTR ch 10) for the stopping BAH, and recouping a | e dependents name allowances paid for | ed above. I am awar any prior periods o | re that failure to adequately of nonsupport | |
| | CERTIFICATION FOR MEMBER | RS RECEIVING B | AH FOR SECONDARY DEPEND | DENTS (package m | ust be sent to DFAS | -IN for determination). | |
| ▼ (Paren 21, or 1 | ts, parents-in-law, stepparent Ward of a court). | ts, parents-by-ac | doption, or in-loco-parentis, Stu | udents 21 and 22 y | ears of age, Incapa | citated children over age | |
| l certif | y that this is my first applicat | ion YES | NO If no, give date your | last application wa | as filed. YYYYN | MMDD | |
| l unde statem conned well as approp | rstand that my failure to comp lent or claim against the US C ction with a claim is a maximu 5 any changes in my housing priate requirements may caus | ply with the appl Government is p um fine of \$10,0 arrangements i se involuntary co | licable requirements may resu punishable by court martial and 100 or imprisonment for 5 year mmediately to the Financial S ollection of any resulting indeb | It in cancellation o d that the penalty f rs, or both. I will rej ervices Office (FS) tedness retroactive | t my BAH. Furthern for willfully making a port any changes of O). I also understan e to the date the en | nore, I understand that making a false a false claim, or false statement in f dependent's status or residence, as a that my failure to comply with utitlement became erroneous. | |

Single, claiming dependents

Required Supporting Documentation: Birth certificate for the youngest child in your care. Custody

agreement may also be requested.

1. Fill out Part A as shown in the example below:

| PART A | - IDENTIFICATIO | N & DUTY | LOCATION | | | | | |
|---|---|---|--|-------------------------------------|--|--|------------------------------------|--|
| 1. NAME (Last, First, MI) | (Last, First, MI) | | | | | | | |
| Your Name Here | | | | | | | | |
| 2. SSN | 3. GRADE | 4. PHONE | | | | | | |
| Your complete SSN | O-2 / E-7 | Number y | ou can be reached at | | | | | |
| 5A. DUTY LOCATION (Ba | se, State, ZIP Code o | or Country) | | | | | | |
| Your assigned Duty Location | | | | | | | | |
| 5B. E-MAIL ADDRESS er | nail that you car | 1 be most e | asily reached at | | | | | |
| PART | B - MARITAL/DE | PENDENT | STATUS | | | | | |
| 6 SINGLE, NO DE | PENDENTS | SINGLE, CLA | IMING DEPENDENT(S) | | 2. Fill out Section 8 as depicted | | | |
| MARRIED - SPOUSE IS | A 🗌 CIVILIAN 🛛 | ARY | MEMBER | | | | | |
| IF MILITARY SPOUSE - N | AME, SSN, BRANCH | OF SERV | TATION AND DATE | | belo | w: | | |
| OF MARRIAGE: | | | | | | | | |
| 7. NON-CUSTOD | AL PARENTS: I PAY | THE FULL AM | OUNT OF WITH-DEPENDENT R | ATE BAH | , OR | \$.00 PE | R MONTH | FOR DEPENDENT SUPPORT |
| | | | | | | MENT WITH CHILD'S | | |
| 8. I 🔀 CLAIM B | AH FOR THE DEPENDE | NT 🗙 IN 🔲 | NOT IN MY LEGAL AND PHYSIC | CAL CUST | TODY LIST | ED BELOW (Effective | Date): | YYYYMMDD |
| Note: Indicate th | e civilian dependent(s) | you are claimin | ng and the relationship (i.e., sp | ouse, mii | nor child, i | ncapacitated child, | stepchild | or parent). For other than |
| DIVC spouse or minor | child, see list of potent | ial dependents i | in Part C below. If dependent(| s) is a ch | ild, include | e the date of birth(L | OOB). | (1) 5 6 5 |
| (a) | IAME (Last, First, MI) | ۸.d | (b) ADDRESS, CITY, STATE, ZI | P or COU | JNTRY (c) RELATIONSHIP (d) DOB | | | |
| Toungest Chin | u s Ivallie | Au | duress mai mey nve | | | Then relation to | you - | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | CDOLICE C | | | |
| 5. IF DEPENDEN | NAME | ILD WHOSE PA | SSN | | BRANCH | OF SERVICE | | STATION |
| | | | | | | | | |
| | | PART C | - MEMBER'S CERTIFICATION (| ⊢or mem | bers with | dependents) | | an to a demonstration |
| support the a | bove named dependen | nts will result in s | 2906 and JETR on 10) for the stopping BAH, and recouping a | aepenae Illowance | ents name es paid for | any prior periods o | e that failu f nonsupp | ort |
| CERTI | FICATION FOR MEMBER | RS RECEIVING E | BAH FOR SECONDARY DEPEND |)ENTS (pa | ackage mu | st be sent to DFAS | IN for dete | rmination). |
| (Parents, par 21, or Ward o | ents-in-law, stepparent of a court). | s, parents-by-ac | doption, or in-loco-parentis, Stu | idents 21 | and 22 ye | ears of age, Incapa | citated chi | ldren over age |
| I certify that | this is my first applicati | ion YES | NO If no, give date your | last appli | cation wa | s filed. YYYYN | AMDD | |
| statement or connection w well as any c | claim against the US C rith a claim is a maximu changes in my housing | Government is p Government is p Im fine of \$10,0 arrangements i | incable requirements may result ounishable by court martial and 000 or imprisonment for 5 year immediately to the Financial S | that the s, or both ervices C | penalty fo h. I will rep Office (FSC | or willfully making a ort any changes of). I also understan | false clai depende d that my | m, or false statement in nt's status or residence, as failure to comply with |
| appropriate i | equirements may caus | e involuntary co | ollection of any resulting indeb | tedness | retroactive | to the date the en | titlement t | ecame erroneous. |
| | | | | | | | | |

Digitally sign the document, save it and attach the completed AF594 along with your required documents to your myFSS ticket. That's it! You've just updated your

BAH.

BAH myFSS submission link: Here

Member pays child support

<u>Required Supporting Documentation</u>: Birth certificate for the youngest child in your care or for whom you provide support. Child support agreement (divorce decree, legal separation, court order, etc.).

1. Fill out Part A as shown in the example below:

| PART A - IDENTIFICATION & DUTY LOCATION | | | | | | | | |
|---|---|--|---|---|---|---|---|--|
| 1. NAME (Last, First, MI) | | | | | | | | |
| Your Name Here | ır Name Here | | | | | | | |
| 2. SSN | 3. GRADE | 4. PHONE | E | | | | | |
| Your complete SSN | O-2 / E-7 | Number | r you can be reached at | | | | | |
| 5A. DUTY LOCATION (Base, S | State, ZIP Code of | r Country) | | | | | | a daniatad |
| Your assigned Duty Location | | | | | | |) ŏ d | |
| 5B. E-MAIL ADDRESS email that you can be most easily reached at | | | | bel | ow. I | f the ch | ild is | also the child |
| 6 SINGLE, NO DEPEN | | PENDENT | T STATUS | of a | a mili | itary me | embei | r, fill out |
| MARRIED - SPOUSE IS A | | | | Sec | tion | 9 with t | he ot | her parent's |
| IF MILITARY SPOUSE - NAME | E, SSN, BRANCH | OF SERV | TATION ALL TE | | | | | |
| OF MARRIAGE: | | | | into | orma | non: | | |
| 8. I 🔀 CLAIM BAH FO | OR THE DEPENDEN | T 🗌 IN 🖸 | | AL CUSTODY I | ISTED BI | ELOW (Effective | Date): | YYYYMMDD |
| Note: Indicate the civil spouse or minor child, | lian dependent(s) y see list of potentia | ou are claim dependent | ming and the relationship (i.e., sponts in Part C below. If dependent(state) | ouse, minor ch s) is a child, inc | ild, incap lude the | acitated child, date of birth(E | stepchild OOB). | or parent). For other than |
| (a) NAME | (Last, First, MI) | | (b) ADDRESS, CITY, STATE, ZI | P or COUNTRY | | (c) RELATION | SHIP | (d) DOB |
| Child's name | | F | Address that they live | | Chi | Child | | YYYYMMDD |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 9. IF DEPENDENT NAM | ED ABOVE IS A CHI NAME | LD WHOSE P | PARENT IS A MILITARY MEMBER. | OR THE SPOUS BRAN | SE OF A M Ch of Se | MEMBER PROV RVICE | IDE THE F | OLLOWING STATION |
| | | | | | | | | |
| | d d 4 | PART | T C- MEMBER'S CERTIFICATION (F | or members v | vith depe | endents) | | |
| support the above | named dependents | s will result i | in stopping BAH, and recouping a | dependents na llowances paid | for any | prior periods o | e that failu f nonsupp | ort |
| CERTIFICAT | ION FOR MEMBERS | S RECEIVING | G BAH FOR SECONDARY DEPEND | ENTS (package | e must be | e sent to DFAS- | IN for dete | rmination). |
| (Parents, parents-i 21, or Ward of a co | n-law, stepparents, ourt). | parents-by- | -adoption, or in-loco-parentis, Stu | dents 21 and 2 | 2 years | of age, Incapa | citated chi | ldren over age |
| I certify that this is | my first applicatio | n YES | NO If no, give date your l | ast application | was file | d. YYYYN | /MDD | |
| I understand that i statement or claim connection with a well as any chang | my failure to comply against the US Go claim is a maximum es in my housing a | y with the ap overnment is n fine of \$10 rrangements | pplicable requirements may resul is punishable by court martial and 0,000 or imprisonment for 5 years ts immediately to the Financial Se | t in cancellatio I that the pena s, or both. I will ervices Office (| n of my l lty for wil I report a FSO). I a | BAH. Furthern Ilfully making a Iny changes of | nore, I und False claii dependei d that mv | lerstand that making a false m, or false statement in nt's status or residence, as failure to comply with |
| appropriate require | ements may cause | involuntary | collection of any resulting indebt | edness retroa | ctive to th | he date the en | titlement b | pecame erroneous. |

Digitally sign the document, save it and attach the completed AF594 along with your required documents to your myFSS ticket. That's it! You've just updated your

BAH.

BAH myFSS submission link: Here

<u>Required Supporting Documentation</u>: Birth certificate for the youngest child.

1. Fill out Part A as shown in the example below:

| PART A - IDENTIFICA | TION & DUTY LO | OCATION | | | | | | |
|---|--|--|---|--|--|---|---|--|
| 1. NAME (Last, First, MI) | | | | | | | | |
| Your Name Here | | | | | | | | |
| 2. SSN 3. GRADE | 4. PHONE | | | | | - | | |
| Your complete SSN O-2 / E-7 | Number yo | ou can be reached at | | 2. Fill out Section 8 as depicted | | | | |
| 5A. DUTY LOCATION (Base, State, ZIP Co | de or Country) | | | | A 1 1···· | | | |
| Your assigned Duty Location | | | | | below. Additionally fill out Section 9 | | | |
| 5B. E-MAIL ADDRESS email that you can be most easily reached at | | | | | child you a | are cla | aiming is also | |
| PART B - MARITAL 6 SINGLE, NO DEPENDENTS | DEPENDENT ST | ratus Ming Dependent(s) | | the child another military member, | | | | |
| MARRIED - SPOUSE IS A CIVILIA | | MEMBER | | provic | le that me | mber | 's | |
| IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVITATION AND DATE OF MARRIAGE: | | | | | information : | | | |
| 8.1 🔀 CLAIM BAH FOR THE DEP | ENDENT 🗙 IN 🥅 | NOT IN MY LEGAL AND PHYSIC | CAL CU | ISTODY LIST | ED BELOW (Effective | e Date): | YYYYMMDD | |
| Note: Indicate the civilian depend spouse or minor child, see list of p | ent(s) you are claiming | g and the relationship (i.e., sp in Part C below. If dependent(| ouse, i (s) is a | minor child, i child, includ | incapacitated child, e the date of birth([| stepchild OOB). | or parent). For other than | |
| (a) NAME (Last, First, | MI) | (b) ADDRESS, CITY, STATE, ZI | IP or CC | OUNTRY (c) RELATIONSHIP | | | (d) DOB | |
| DIVC Child's name | Ad | dress that they live | | | Child | | YYYYMMDD | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 9. IF DEPENDENT NAMED ABOVE I | S A CHILD WHOSE PAR | RENT IS A MILITARY MEMBER, | , OR TH | IE SPOUSE C |))F a member pro\ | /IDE THE F | OLLOWING | |
| NAME | | SSN | | BRANCH | OF SERVICE | | STATION | |
| Parent's name | DADT C | Parent's Social | USA | F | | Base the | ey are stationed ¹ | |
| | PARTC | - MEMBER'S CERTIFICATION (| ⊢or me | embers with | dependents) | | | |
| I certify that I provide adequate support the above named dep | e support (see AFI 36- endents will result in s | -2906 and JFTR ch 10) for the stopping BAH, and recouping a | e depen allowan | idents name ices paid for | d above. I am awar any prior periods o | e that failu f nonsupp | ire to adequately ort | |
| CERTIFICATION FOR ME | EMBERS RECEIVING B | AH FOR SECONDARY DEPEND | DENTS | (package mu | ist be sent to DFAS- | IN for dete | rmination). | |
| (Parents, parents-in-law, stepp 21, or Ward of a court). | oarents, parents-by-ad | loption, or in-loco-parentis, Stu _ | udents | 21 and 22 ye | ears of age, Incapa | citated chi | ildren over age | |
| I certify that this is my first ap | plication 📃 YES 📘 | NO If no, give date your | last ap | plication wa | s filed. YYYYN | /MDD | | |
| I understand that my failure to statement or claim against the connection with a claim is a m well as any changes in my ho appropriate requirements may | comply with the appli US Government is p aximum fine of \$10,00 using arrangements ir cause involuntary co | icable requirements may resu unishable by court martial and 00 or imprisonment for 5 year mmediately to the Financial S Illection of any resulting indeb | ult in ca d that t rs, or b ervices otednes | ncellation of he penalty fo oth. I will rep office (FSC is retroactive | f my BAH. Furthern or willfully making a port any changes of D). I also understan to the date the en | nore, I und I false claii f dependei Id that my titlement b | lerstand that making a false m, or false statement in nt's status or residence, as failure to comply with became erroneous. | |

Digitally sign the document, save it and attach the completed AF594 along with your required documents to your myFSS ticket. That's it! You've just updated your

BAH.

BAH myFSS submission link: Here

<u>Required Supporting Documentation</u>: DFAS Determination Memorandum

1. Fill out Part A as shown in the example below:

| P | ART A - ID | ENTIFICATIO | N & DUTY L | OCATION | | | | | |
|---|---|--|--|---|--|---|--|---|--|
| 1. NAME (Last, Firs | st, MI) | | | | | | | | |
| Your Name He | re | | | | | | | | |
| 2. SSN | | 3. GRADE | 4. PHONE | | | | | | |
| Your complete | SSN | O-2 / E-7 | Number yo | ou can be reached at | | | | | |
| 5A. DUTY LOCATI | ON (Base, S | state, ZIP Code or | Country) | | | | 0 | | |
| Your assigned Duty Location | | | | | | 2. Fill out Section 8 as depicted | | | |
| 5B. E-MAIL ADDRESS email that you can be most easily reached at | | | | | | , use the e | ffectiv | ve date as the | |
| PART B - MARITAL/DEPENDENT STATUS SINGLE, NO DEPENDENTS SINGLE, CLAIMING DEPENDENT(S) | | | | | date c | date of dependency from the DFAS | | | |
| MARRIED - SPOU | USE IS A | | ARY M | MEMBER | Memo | D: | | | |
| IF MILITARY SPO | USE - NAME | , SSN, BRANCH | OF SERV | TATION AND DATE | | | | | |
| OF MARRIAG | | AH FOR THE DEPEN | DENT 🔀 IN 🛛 | NOT IN MY LEGAL AND PHYSI | CAL CUSTODY LIS | TED BELOW (Effectiv | e Date): | YYYYMMDD | |
| Note spo | te: Indicate the | e civilian dependent child, see list of pot | (s) you are clain ential dependen | ning and the relationship (i.e., sp ts in Part C below. If dependent(| ouse, minor child s) is a child, inclu | , incapacitated child de the date of birth(i | , stepchild DOB). | or parent). For other than | |
| | (a) N | AME (Last, First, MI |) | (b) ADDRESS, CITY, STATE, Z | P or COUNTRY | COUNTRY (c) RELATIONSHIP | | | |
| Per | rsons name | | | Address that they live | | i.e. Parent | | YYYYMMDD | |
| | | | | | | | | | |
| DIVORC | | | | | | | | | |
| <u> </u> | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| <u>9. IF</u> | F DEPENDENT | NAMED ABOVE IS A NAME | CHILD WHOSE | PARENT IS A MILITARY MEMBER SSN | OR THE SPOUSE BRANCH | OF A MEMBER PRO | VIDE THE F | OLLOWING STATION | |
| Oth | her parents n | name | | Parents social | USAF | | Base the | y are stationed | |
| | | | PAR | TC-MEMBER'S CERTIFICATION | For members wit | h dependents) | | | |
| \bowtie | I certify that I support the al | provide adequate s bove named depend | upport (see AFI dents will result i | 36-2906 and JFTR ch 10) for the in stopping BAH, and recouping a | dependents nam allowances paid fo | ed above. I am awa or any prior periods o | re that failu of nonsupp | rre to adequately ort | |
| | CERTIF | ICATION FOR MEM | BERS RECEIVING | G BAH FOR SECONDARY DEPEN | DENTS (package n | nust be sent to DFAS | -IN for dete | rmination). | |
| | (Parents, pare 21, or Ward o | ents-in-law, steppar f a court). | ents, parents-by | -adoption, or in-loco-parentis, St | idents 21 and 22 | years of age, Incapa | citated chi | ldren over age | |
| | I certify that t | his is my first appli | cation 🔄 YES | NO If no, give date your | last application w | as filed. YYYY | MMDD | | |
| | I understand i statement or o connection wi well as any cl appropriate re | that my failure to co claim against the U ith a claim is a max hanges in my housi equirements may ca | omply with the appropriate the appropries of the appropriment of \$10 and the appropriment of \$10 and an approprime an ap | pplicable requirements may resu s punishable by court martial an 0,000 or imprisonment for 5 year is immediately to the Financial S o collection of any resulting indeb | It in cancellation d that the penalty s, or both. I will re ervices Office (FS tedness retroacti | of my BAH. Furtherr for willfully making a port any changes o SO). I also understau ve to the date the er | nore, I und a false claii f dependei nd that my ntitlement b | lerstand that making a false m, or false statement in nt's status or residence, as failure to comply with lecame erroneous. | |

Digitally sign the document, save it and attach the completed AF594 along with your required documents to your myFSS ticket. That's it! You've just updated your

BAH.

BAH myFSS submission link: <u>Here</u>

Still encountering issues?

While it is the intent of the leadership at HQ RIO to provide you with the information that is most beneficial to you, we understand that shortfalls do sometimes exist. Here are some basic rules of engagement to ensure your requests are handled in an efficient and professional manner.

Good personal contact information:

- Provide myFSS with an email that you most regularly use.
 - Delays in processing can sometimes be attributed to not having good contact information set up in your profile—please don't let this be an issue for you.
- Leave a good call back number in your myFSS ticket, with hours during the duty day when you can be reached.
- Check spam, junk, and clutter folders.
- Check the HQ RIO website for Quick Guides or Training that might be able to assist you in preparing your request.
- Please note that for military pay and travel reimbursements, the Total Force Service Center is limited in their ability to help as they don't have access to financial management systems.

myFSS submission Rules of Engagement:

- Submit one ticket per request.
 - If your request goes unanswered or not answered to your satisfaction please DO NOT open a new ticket, reply to the ticket in question.
 - If you're still not satisfied, notify your RIO Det Commander or Superintendent to escalate your issue and reference your myFSS ticket in your message so they can look it up. Detachment contacts can be found by clicking <u>here</u>.
 - If you still do not receive any feedback from your Detachment after 5 business days email the HQ RIO Workflow detailing the steps you have taken along with your myFSS incident number. Use this email address: arpc.det1@us.af.mil