

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 [here](#) 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 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 myFSS submission link: [Here](#)

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 dependent	Become BAH with dependent	Submit AF Form 594?	Docs
Marry a civilian		X	yes	marriage certificate
Marry a reservist	X		no	
Marry an active duty member	X		no	
Have a child whose other parent is a civilian		X	yes	birth certificate of youngest child
Have a child whose other parent is in the military		X	yes	birth certificate 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 non-custodial child		X	yes	child support agreement
Begin caring for a family member as a dependent		X	yes	DFAS Determination Memo

If you are a reservist currently claiming BAH with dependent rate and you(r) ...

	Become BAH without dependent	Remain BAH with dependent	Submit AF Form 594?	Documentation
Divorce (no dependent children)	X		yes	divorce agreement
Divorce (maintain custody of dependent children)		X	no	
Divorce (pay child support for dependent children)		X	no	
Youngest child "ages out" (married to a civilian)		X	no	DFAS Determination Memo
Youngest child "ages out" (married to military)	X		yes	DFAS Determination 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. NAME (Last, First, MI) Your Name Here			
2. SSN Your complete SSN	3. GRADE O-2 / E-7	4. PHONE Number you can be reached at	
5A. DUTY LOCATION (Base, State, ZIP Code or Country) Your assigned Duty Location			
5B. E-MAIL ADDRESS email that you can be most easily reached at			
PART B - MARITAL/DEPENDENT STATUS			
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)			
MARRIED - SPOUSE IS A <input checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER			
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:			
8. I <input checked="" type="checkbox"/> CLAIM BAH FOR THE DEPENDENT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (Effective Date): YYYYMMDD			
<small>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).</small>			
(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP OR COUNTRY	(c) RELATIONSHIP	(d) DOB
Spouse's name	Address that they live	Spouse	
<input type="checkbox"/> DEPENDENT			
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)			
<input checked="" type="checkbox"/> 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).			
<small>(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).</small>			
I certify that this is my first application <input type="checkbox"/> YES <input type="checkbox"/> NO If no, give date your last application was filed. YYYYMMDD			
<small>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.</small>			

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

2. Fill out Section 8 as depicted below:

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: [Here](#)

Reservist married to an active duty member has a child

Required Supporting Documentation: Birth certificate for the youngest child

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

2. Fill out Section 8 as depicted below.

Additionally put the child's military parent in Section 9 even if it's the same as

PART A - IDENTIFICATION & DUTY LOCATION			
1. NAME (Last, First, MI) Your Name Here			
2. SSN Your complete SSN	3. GRADE O-2 / E-7	4. PHONE Number you can be reached at	
5A. DUTY LOCATION (Base, State, ZIP Code or Country) Your assigned Duty Location			
5B. E-MAIL ADDRESS email that you can be most easily reached at			
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 checked="" type="checkbox"/> MILITARY MEMBER			
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE: <u>Spouse's name, Social Security, Military Branch of Service, Duty Station they are assigned to, Date of Marriage</u>			
<input type="checkbox"/> DIVORCED			

section 6.

8. I <input checked="" type="checkbox"/> CLAIM BAH FOR THE DEPENDENT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (Effective Date): <u>YYYYMMDD</u>			
<small>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).</small>			
(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB
Child's name	Address that they live	Child	YYYYMMDD
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
Parent's name	Parent's Social	USAF	Base they are stationed!
PART C- MEMBER'S CERTIFICATION (For members with dependents)			
<input checked="" type="checkbox"/> 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).			
<small>(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).</small>			
I certify that this is my first application <input type="checkbox"/> YES <input type="checkbox"/> NO If no, give date your last application was filed. <u>YYYYMMDD</u>			
<small>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.</small>			



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 - IDENTIFICATION & DUTY LOCATION		
1. NAME (Last, First, MI) Your Name Here		
2. SSN Your complete SSN	3. GRADE O-2 / E-7	4. PHONE Number you can be reached at
5A. DUTY LOCATION (Base, State, ZIP Code or Country) Your assigned Duty Location		
5B. E-MAIL ADDRESS email that you can be most easily reached at		
PART B - MARITAL/DEPENDENT STATUS		
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input checked="" 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:		

2. Fill out Section 8 as depicted below:

7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR <input type="checkbox"/> \$ <input type="text"/> .00 PER MONTH FOR DEPENDENT SUPPORT BASED ON: a. <input type="checkbox"/> DIVORCE DECREE b. <input type="checkbox"/> COURT ORDER c. <input type="checkbox"/> LEGAL SEPARATION AGREEMENT, OR d. <input type="checkbox"/> WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN			
8. I <input checked="" type="checkbox"/> CLAIM BAH FOR THE DEPENDENT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (Effective Date): <input type="text"/> YYYMMDD			
<i>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).</i>			
<input type="checkbox"/> DIVORCED	(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP
	Youngest Child's Name	Address that they live	Their relation to you
			YYYYMMDD
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)			
<input checked="" type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> NO If no, give date your last application was filed. <input type="text"/> YYYMMDD			
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.			

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

Required Supporting Documentation: 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		
2. SSN Your complete SSN	3. GRADE O-2 / E-7	4. PHONE Number you can be reached at
5A. DUTY LOCATION (Base, State, ZIP Code or Country) Your assigned Duty Location		
5B. E-MAIL ADDRESS email that you can be most easily reached at		
PART B - MARITAL/DEPENDENT STATUS		
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input checked="" 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:		
8. I <input checked="" type="checkbox"/> CLAIM BAH FOR THE DEPENDENT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (Effective Date): <u>YYYYMMDD</u>		
<small>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).</small>		
(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP
Child's name	Address that they live	Child
<input type="checkbox"/> DIV		YYYYMMDD

2. Fill out Section 8 as depicted below. If the child is also the child of a military member, fill out Section 9 with the other parent's information:

NAME	SSN	BRANCH OF SERVICE	STATION
PART C - MEMBER'S CERTIFICATION (For members with dependents)			
<input checked="" type="checkbox"/> 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).			
<small>(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).</small>			
I certify that this is my first application <input type="checkbox"/> YES <input type="checkbox"/> NO If no, give date your last application was filed. <u>YYYYMMDD</u>			
<small>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.</small>			

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 claiming secondary dependent

Required Supporting Documentation: DFAS Determination Memorandum

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

PART A - IDENTIFICATION & DUTY LOCATION		
1. NAME (Last, First, MI) Your Name Here		
2. SSN Your complete SSN	3. GRADE O-2 / E-7	4. PHONE Number you can be reached at
5A. DUTY LOCATION (Base, State, ZIP Code or Country) Your assigned Duty Location		
5B. E-MAIL ADDRESS email that you can be most easily reached at		
PART B - MARITAL/DEPENDENT STATUS		
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input checked="" 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		

2. Fill out Section 8 as depicted below, use the effective date as the date of dependency from the DFAS Memo:

8. I <input checked="" type="checkbox"/> CLAIM BAH FOR THE DEPENDENT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (Effective Date): <u>YYYYMMDD</u>			
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
Persons name	Address that they live	i.e. Parent	YYYYMMDD
<input type="checkbox"/> DIVORCED			
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
Other parents name	Parents social	USAF	Base they are stationed
PART C - MEMBER'S CERTIFICATION (For members with dependents)			
<input checked="" type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> NO If no, give date your last application was filed. <u>YYYYMMDD</u>			
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.			

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](#)

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 [here](#).
 - 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