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 <u>without</u> 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	yеs	birth certificate of youngest child
Have a child whose other parent is in the military Have a child but are the non-		x	yеs	birth certificate of youngest child
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	yеs	DFAS Determination Memo

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

and you(i)				
	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)					1.1.1100	1. The out Fart A as shown in		
Your Name Here					the exa	the example below:		
2. SSN	3. GRADE	4. P	HONE		the exa	the example below.		
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 Location								
5B. E-MAIL ADDRESS emai	l that you can	be r	most easily reached	l at				
PART B -	MARITAL/DEF	ENC	DENT STATUS					
6 🔄 SINGLE, NO DEPEN	NDENTS	SINGL	E, CLAIMING DEPEND	ENT(S)	2. Fill ou	ut Sec	tion 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:			,					
			NOT IN MY LEGAL AND PHYSI				YYYYMMDD	
			ng and the relationship (i.e., sp in Part C below. If dependent				or parent). For other than	
(a) NAME (Las	, ,		(b) ADDRESS, CITY, STATE, Z	, ,	1	(c) RELATIONSHIP (d) DOB		
Spouse's name		Ad	ldress that they live		Spouse			
	ABOVE IS A CHILD WHO AME	JSE PA	RENT IS A MILITARY MEMBER	BRANCH C	F A MEMBER PROV F SERVICE	IDE THE F	STATION	
			- MEMBER'S CERTIFICATION		1 2			
			-2906 and JFTR ch 10) for the stopping BAH, and recouping					
CERTIFICATION	FOR MEMBERS RECE	VING B	BAH FOR SECONDARY DEPEN	DENTS (package mu	st be sent to DFAS-	IN for deter	rmination).	
21, or Ward of a court).		-	doption, or in-loco-parentis, St	-			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		
			licable requirements may resu ounishable by court martial an					
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	
			immediately to the Financial S ollection of any resulting indeb					
	,	,	,				-	

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

PARTA -	IDENTIFICATIO	1. Fill out	t Part A as shown in						
1. NAME (Last, First, MI)		NGDOII	LUCATION						
Your Name Here					the exam	ple below:			
2. SSN	3. GRADE	4. PHONE							
Your complete SSN	O-2 / E-7	Number	you can be reach	ed at					
5A. DUTY LOCATION (Base	, State, ZIP Code o	r Country)							
Your assigned Duty Lo	Your assigned Duty Location								
5B. E-MAIL ADDRESS ema	ail that you can	ı be most	easily reached at		2. Fill out	t Section 8 as			
PART B 6 SINGLE, NO DEPI	- MARITAL/DEI		STATUS	(S)	depicted	below.			
MARRIED - SPOUSE IS A					Addition	ally put the child's			
IF MILITARY SPOUSE - NAI	ME, SSN, BRANCH	I OF SERVIC	CE, STATION AND DA	TE	military p	parent in Section 9			
OF MARRIAGE: Spouse's name, Social	Security, Mili	tary Bran	ch of Service, Du	tv Station	even if it	's the same as			
they are assigned to, I		•			••••	•••••			
			NOT IN MY LEGAL AND PHYSI			e Date): YYYYMMDD			
Note: Indicate	the civilian dependent(s)) you are claimin		ouse, minor child,	incapacitated child,	, stepchild or parent). For other than			
	a) NAME (Last, First, MI)		(b) ADDRESS, CITY, STATE, ZI	, ,	(c) RELATION	ISHIP (d) DOB			
Child's name	e	Ad	ldress that they live		Child	YYYYMMDD			
·									
section 6.									
9. IF DEPENDE	NT NAMED ABOVE IS A C	HILD WHOSE PA	RENT IS A MILITARY MEMBER	OR THE SPOUSE	OF A MEMBER PROV	VIDE THE FOLLOWING			
Parent's nam			Parent's Social	USAF		STATION Base they are stationed			
		PART C	- MEMBER'S CERTIFICATION (Dase mey are stationed			
			-2906 and JFTR ch 10) for the stopping BAH, and recouping a						
			BAH FOR SECONDARY DEPEND			-			
21, or War	rd of a court).		doption, or in-loco-parentis, Stu						
statement connection well as an	I certify that this is my first application YES NO If no, give date your last application was filed. YYYYMMDD 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.								

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 - II	DENTIFICATIO	N & DUTY						
1. NAME (La									
Your Nam	e Here								
2. SSN		3. GRADE	4. PHONE						
Your comp	plete SSN	O-2 / E-7	Number	you can be reached at	t				
5A. DUTY LO	OCATION (Base,	State, ZIP Code o	r Country)						
Your assig	ned Duty Loc	ation							
5B. E-MAIL	ADDRESS emai	il that you can	be most o	easily reached at					
	PART B	MARITAL/DEF	PENDENT	STATUS					
6 🗌 SI	NGLE, NO DEPEI	NDENTS X	SINGLE, CL	AIMING DEPENDENT(S)		2. Fil	l out Sect	ion 8	as depicted
MARRIED -	SPOUSE IS A		AR	Y MEMBER					· · · · · · ·
IF MILITAR	Y SPOUSE - NAM	E SSN BRANCH		STATION AND DATE		belo	w:		
OF MARRIA		2, 0011, 210 11011	0. 02.000						
ī	7. NON-CUSTODIAL F	PARENTS: I PAY	THE FULL AN	MOUNT OF WITH-DEPENDENT R	ATE BAH	, or 🔲	\$.00 PE	R MONTH	FOR DEPENDENT SUPPORT
	BASED ON: a.	DIVORCE DECREE	b. COURT	TORDER C. 🗌 LEGAL SEPAR/	ATION AG		, OR d. 🗌 WRITTI	EN AGREE	MENT WITH CHILD'S
			_				CUSTO	DIAN	
				NOT IN MY LEGAL AND PHYSI					YYYYMMDD
				ing and the relationship (i.e., sp s in Part C below. If dependent(or parent). For other than
		E (Last, First, MI)		(b) ADDRESS, CITY, STATE, Z	-				
	Youngest Child's	Name	A	ddress that they live		Their relation to you		YYYYMMDD	
-									
9	9. IF DEPENDENT NA		ILD WHOSE P	ARENT IS A MILITARY MEMBER			OF A MEMBER PRO	VIDE THE F	OLLOWING STATION
-		NAME		331		DRANCIT	JI SERVICE		STATION
-			PART	C-MEMBER'S CERTIFICATION (For mem	bers with	dependents)		
۵	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).								
	21, or Ward of a	court).		adoption, or in-loco-parentis, St		-			ildren 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. YYYYMMDD 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

DAU

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 Na	r Name Here									
2. SSN		3. GRADE	4. PHON	4. PHONE						
Your con	mplete SSN	O-2 / E-7	Number	r you c	an be reached at					
5A. DUTY LOCATION (Base, State, ZIP Code or Country)							out Soctio	n 0 n	c donicted	
Your assigned Duty Location									s depicted	
5B. E-MAIL ADDRESS email that you can be most easily reached at						belov	v. If the ch	ild is	also the child	
6 🗆	PART B - SINGLE, NO DEPEN				US DEPENDENT(S)		of a n	nilitary me	embei	r, fill out
	D - SPOUSE IS A		~				Sectio	on 9 with t	he ot	her parent's
IF MILITA	RY SPOUSE - NAME	E, SSN, BRANCH	OF SERV	TA	TION AL		:			
OF MARF	RIAGE:						Inform	mation:		
	8. I 🗙 CLAIM BAH FO	OR THE DEPENDEN	T 🗌 IN 🛐		N MY LEGAL AND PHYS	CAL CUS	STODY LIST	ED BELOW (Effective	Date):	YYYYMMDD
	Note: Indicate the civi	lian dependent(s) y	ou are clain	ning and t		ouse, m	ninor child, i	ncapacitated child,	stepchild	or parent). For other than
	(a) NAME	(Last, First, MI)		(b) AD	DRESS, CITY, STATE, Z	IP or CO	JNTRY (c) RELATIONSHIP		(d) DOB	
	Child's name		1	Address	that they live			Child		YYYYMMDD
	9. IF DEPENDENT NAM	IED ABOVE IS A CHI NAME	LD WHOSE	PARENT I	S A MILITARY MEMBER SSN	, or the		F A MEMBER PROV OF SERVICE	IDE THE F	OLLOWING STATION
		ida adaguata auna			BER'S CERTIFICATION			. ,	a that failu	ve te edeguetek
	support the above	named dependents	s will result i	in stoppin	and JFTR ch 10) for the g BAH, and recouping	allowand	ces paid for	any prior periods o	f nonsupp	ort
	CERTIFICATION FOR MEMBERS RECEIVING BAH FOR SECONDARY DEPENDENTS (package must be sent to DFAS-IN for determination).									
	(Parents, parents-i 21, or Ward of a co			_	, or in-loco-parentis, St					ldren over age
	,	s my first applicatio								
	statement or claim connection with a well as any chang	against the US Go claim is a maximur es in my housing a	overnment is n fine of \$10 rrangement	s punisha 0,000 or ii s immedi	ble by court martial an mprisonment for 5 yea ately to the Financial S	d that th rs, or bo ervices	e penalty fo th. I will rep Office (FSC	or willfully making a ort any changes of)). I also understan	false claii depender d that my	
	connection with a well as any chang	claim is a maximur es in my housing a	n fine of \$10 rrangement	0,000 or il s immedi	mprisonment for 5 yea	rs, or bo ervices	th. I will rep Office (FSC	ort any changes of)). I also understan	f dependei d that my	nt's status or residence, as failure to comply with

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

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<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		ou can be reached at		2. Fill	out Sectio	n 8 as	s depicted			
5A. DUTY LOCATION (Base, State, ZIP Co		A 1 1····								
Your assigned Duty Location	below	Addition	ally fi	ll out Section 9						
5B. E-MAIL ADDRESS email that you	can be most ea	sily reached at		if the	child you a	are cla	aiming is also			
PART B - MARITAL 6 SINGLE, NO DEPENDENTS		TATUS MING DEPENDENT(S)		the ch	ild anothe	er mili	itary member,			
MARRIED - SPOUSE IS A CIVILIA		MEMBER		provic	le that me	mber	's			
IF MILITARY SPOUSE - NAME, SSN, BRA OF MARRIAGE:	NCH OF SER	TATION AND DATE		inforn	nation :					
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							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			/IDE THE F				
NAME		SSN			OF SERVICE		STATION			
Parent's name	DADT C		USA	-		Base the	ey are stationed			
		- MEMBER'S CERTIFICATION (
I certify that I provide adequate support the above named dep		,								
CERTIFICATION FOR ME	EMBERS RECEIVING B	AH FOR SECONDARY DEPEND	DENTS	(package mu	ist be sent to DFAS-	IN for dete	rmination).			
21, or Ward of a court).										
I certify that this is my first ap	plication 📃 YES 🗌	NO If no, give date your	last ap	plication wa	s filed. YYYYN	/MDD				
statement or claim against the connection with a claim is a m well as any changes in my ho	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.									

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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 Her	re									
2. SSN		3. GRADE	4. PHONE							
Your complete	SSN	O-2 / E-7	Number yo	ou can be reached at						
5A. DUTY LOCATIO	ON (Base, S	tate, ZIP Code or	Country)				0			
Your assigned Duty Location						out Sectio		•		
5B. E-MAIL ADDRE	ESS email	l that you can	be most ea	sily reached at	below	, use the e	ffectiv	ve date as the		
	PART B -			TATUS MING DEPENDENT(S)	date o	of depende	ncy fi	rom the DFAS		
MARRIED - SPOU	USE IS A		ARY M	MEMBER	Memo	D:				
IF MILITARY SPOU	USE - NAME	, SSN, BRANCH	OF SERV	TATION AND DATE						
OF MARRIAG	CLAIM BA	AH FOR THE DEPEN	DENT 🗙 IN 🛛	NOT IN MY LEGAL AND PHYSI	AL CUSTODY LIS	TED BELOW (Effectiv	e Date):	YYYYMMDD		
								or parent). For other than		
	(a) N	AME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZI	P or COUNTRY	COUNTRY (c) RELATIONSHIP		(d) DOB		
Pers	sons name			Address that they live		i.e. Parent		YYYYMMDD		
DIVORC										
L										
<u>9. IF</u>	DEPENDENT	NAMED ABOVE IS A NAME	CHILD WHOSE	PARENT IS A MILITARY MEMBER, SSN		OF A MEMBER PRO OF SERVICE	VIDE THE F	OLLOWING STATION		
Oth	ner parents n	ame		Parents social	USAF		Base the	y are stationed		
			PAR	C-MEMBER'S CERTIFICATION	or members wit	h dependents)				
				36-2906 and JFTR ch 10) for the in stopping BAH, and recouping a	•					
	CERTIFICATION FOR MEMBERS RECEIVING BAH FOR SECONDARY DEPENDENTS (package must be sent to DFAS-IN for determination).									
2	(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 YES NO If no, give date your last application was filed. YYYYMMDD 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: <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