APPLICATION AND AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ) OR DEPENDENCY REDETERMINATION

PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 043, Public Law 96-343, EQ 9397

PURPOSE: To start, adjust or terminate military member's entitlement to BAQ

ROUTINE USE(S): Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or information on 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 to determine needs of a member or dependents in emergency situations and for verification of loan applications, state and local governments for tax and welfare insurance companies for allotment information and financial institutions, for deposits and/or payments.

PART A - IDENTIFICAT							
1. NAME (Last, First, MI)	HOUSING OFFICE or BILLETING OFFICIAL NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS						
			QUARTERS ARE NOT ASSIGNED				
2. SSN	3. GRADE	4. PHONE	ADEQUATE QUA	RTERS	JED TER	MINAT	ED
5. DUTY LOCATION (Base, State, ZIP Co		INADEQUATE QUARTERS EFFECTIVE DATE: ASSIGNED TERMINATED UNIT #					
PART B - MARITAL/DEPENDENT STATUS			TRANSIENT QUARTERS OCCUPIED - UNIT #				
6 SINGLE, NO DEPENDENTS SINGLE, CLAIMING DEPENDENT(S)			EFFECTIVE DATES FROM: TO:				
MARRIED - SPOUSE IS A CIVILIAN	I MILITARY	MEMBER	TITLE				
IF MILITARY SPOUSE - NAME, SSN, BRA OF MARRIAGE:	SIGNATURE						
DIVORCED (Date)	LEGALLY SE	EPERATED (Date)	DATE				
7. NON-CUSTODIAL PARENTS: I PAY THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR \$.00 PRE MONTH FOR DEPENDENT SUPPORT							
BASED ON: a. DIVORCE DECREE b. COURT ORDER c. LEGAL SEPARATION AGREEMENT, OR d. CUSTODIAN CUSTODIAN							
8. I CLAIM BAQ FOR THE DEPENDENT IN NOT IN MY CUSTODY LISTED BELOW (Effective Date):							
Note: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent) if dependent is a child include the date of birth (DOB)							
(a) NAME (Last, First, MI)		(b) ADDRESS, CITY, STATE, Z	P or COUNTRY	COUNTRY (c) RELATION			(d) DOB
9. IF DEPENDENT NAMED ABOVE IS A CI NAME	RENT IS A MILITARY MEMBER SSN	R, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING BRANCH OF SERVICE STATION					
177 01712							
	PART	L C- MEMBERS CERTIFICATION (For members with o	dependents)			
I certify that I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport CERTIFICATION FOR MEMBERS RECEIVING BAQ FOR SECONDARY DEPENDENTS (Parent, adopted, illegitimate, incapacitated child or step-child) 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 BAQ. 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 Accounting and Finance Office (AFO). 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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