AUTHORIZATION TO START, STOP, OR CHANGE							PRIVACY ACT STATEMENT										
BASIC ALLOWANCE FOR QUARTERS (BAQ), AND/OR VARIABLE HOUSING ALLOWANCE (VHA) For use of this form, see AR 37-104-4; the proponent agency is ASA(FM)								IORITY:		37	37 USC 403; Public Law 96-343; EO 9397.						
								CIPLE PURPO	SE:	to	To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA).						
1.	NAME (Last, I	First, MI)					ROUT	ROUTINE USE: To adjust member's military pa						record nts, si	, information may uch as USAFAC,		
2.	SOCIAL SECUR	RITY NUMBER		3. GF	RADE					DC So	be disclosed to Army components, such as USAFAC, major commands, and other Army installations; to other DOD components; other federal agencies such as IRS, Social Security Administration and VA, GAO, members of						
										CO	Congress; State and local government; US and State courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification.						
4.	TYPE OF ACTION	NC					DISC	LOSURE IS VO	JLUI	NTARY: No	pavme	nt of BAQ and/or					
	START	CANCEL		REPORT	-			for	be prod	e of your SSN is voluntary. However, this e processed without your SSN because ies you for pay purposes by your SSN.							
	CORRECT	STOP		RECERTIF													
5.	DUTY LOCATIO	N (Include Sta	tion, Name,	, City, Stat	e, and Zij	p Code)		ATE/ACTION YYYYMMDD)	7.	BAQ TYPE WITH DEPENDENTS PARTIAL							
										WITHOUT							
8.		MAR	ITAL/DEPE	NDENCY	STATUS	8			9.	Q	SSIGN	SSIGNMENT/AVAILABILITY					
	a. SINGLE		b. MAR	RIED				ED (see	┟┍╴	a. Al	DEQUATE		b. INADEQUATE				
			(see block	s (1), (2) &	1			1), (2) & (3))			ee block (1)))			ks (1), (2) & (4))		
		Y SEPARATED cks (1), (2) & (3)				DEPENDEN see blocks (c. TRANSIENT (see block (3))		d. N		AVAILABLE		
(1)	Spouse/Former Spouse SSN	(2)	Spouse/Fo Spouse D	ormer uty Statior			te of Ma /orce/Se	arriage, eparation	(1)	QUARTE NO.	RS	(2) FAIR RENTAL VALUE \$					
(4)	Child in Custody of:	Member	Spous	Se .	Fo	ormer Spous	e	Other	(3) FROM: TO:								
(5)	If you check "OT	HER" above, p	sh depende	ncv.							OMMANDER						
(6)	If child support r		•			•		(Member in grade E7 and DETERM							ETERMINATION		
10.				DE	PENDE	NTS/SHARE	ERS (C	Continue on bad		-7				(A	llacheu)		
	NAME OF D	EPENDENT/SH	TE CURREI	NT ADD	RESS (Inclu	ıde Z	ZIP Code)	REL	ATION	SHIP	DO	B OF CHILDREN					
11.					CEI	RTIFICATIO	N OF D	EPENDENT S	UPP	ORT							
	I certify that I c dependents ma	an provide, or w ay result in stop	rilling to prop ping BAQ a	vide, adeq nd recoupi	uate sup ng BAQ	port for the a for any prior	above n periods	amed depende s/nonsupport.	ents.	I am aware t	hat failure to	suppo	rt the above	e name	d		
		gulations. I certi thereto for the p		lependenc	y status (of my prima	ry deper	ndents, on who	se b	ehalf I am re	ceiving BAQ	, has n	ot changed	so as f	to affect		
12.	•			EXPE	NSES, IF	AUTHORIZ	ZED, I AM REQUESTING VHA BASED ON										
	My permanent	duty station:		My de	My dependent's location:			Both my	perm	nanent duty s	station and dependent's location.						
a.	Monthly Expens	es:	Mem	nber	Dependent			b. Sharer/Lease Inform				c. Address Information			on		
(1)	Mortgage (PIT	I) or Rent					(1)	Rental/Resid	denti	al Address:		(1) Landlord's Name and Addre			and Address:		
(2)	Insurance																
(3)	Other				(2)	Effective Dat	ate: (3) Expir		piration Date: (2)		Landlord's F	No.					
							(4)	Number of S		•	. ,			·			
marr IMP0	ify ALL informatic iage, death, living DRTANT: Making ment in connectic	in government a false stateme	quarters etc nt or claim a	c, which co against the	uld affec US Gov	t by BAQ or rernment is p	VHA er ounishat	ntitlement. ble by courts-m	artia	0							
13.	MEMBER'S SIG				,	14. DATE									16. DATE		
·																	

AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ), AND/OR VARIABLE HOUSING ALLOWANCE (VHA)								F	PRIVACY ACT STATEMENT											
									AUTHO	ORITY:	37 USC 403; Public Law 96-343; EO 9397.									
For use of this form, see AR 37-104-4; the proponent agency is ASA (FM) 1. NAME (Last, First, MI)									PRINC	IPLE PURPO	to ba	sic allowanc	or terminate military member's entitlement nce for quarters (BAQ) and/or g allowance (VHA).							
										ROUTINE USE: To adjust member's military pay rec be disclosed to Army components, s						ay record	, information m h as USAFAC,	nay		
2. SOCIAL SECURITY NUMBER 3. GRADE									major commands, and other Army installations. DOD components; other federal agencies such								ies such as IR	S.		
									Social Security Administration and VA, GAO, members of Congress; State and local government; US and State courts, and various law enforcement agencies. Social											
4.	TYPE OF ACTIC		Security Number (SSN) is used for positive identification. DISCLOSURE IS VOLUNTARY: Nondisclosure may result in nonpayment of BAQ and/or																	
	START	CHAN	ANGE REPORT				VHA. Disclosure of your SSN is voluntary. He form will not be processed without your SSN									this Ə				
	CORRECT	RECT STOP RECERTIFICATION								the Army identifies you for pay purposes by your SSN.										
5.	5. DUTY LOCATION (Include Station, Name, City, State, and Zip Code)									DATE/ACTION 7. BAQ TYPE (YYYYMMDD)										
									()	(שטואוז די די		WITH DEPENDENTS PARTIAL								
					101/ 0	T A TL 10								-						
8.	a. SINGLE		b. MA		NCYS	TATUS	s 				9.									
			(see bloc		(2) & (3	3))				ED (see 1), (2) & (3))			a. ADEQUATE (see block (1))				NADEQUATE blocks (1), (2) &			
		Y SEPARATED ks (1), (2) & (3)					DEPENI (see bloo						C. TRANSIENT (see block (3))			d. N	NOT AVAILABI	_E		
(1)	(1) Spouse/Former (2) Spouse/Former Spouse SSN Spouse Duty S					tion (3) Dat Dive				rriage, paration	(1)	QUARTE NO.	QUARTERS NO.			(2) FAIR RENTAL VALUE \$				
(4)	(4) Child in Custody of: Member Spouse Former Spous									Other (3) FROM: TO:										
(5)	If you check "OT	HER" above pr	enare DD) Form 1	137 to	establi	sh dene	ndenc	y. (4) MEMBER ELECTION											
(6)	If child support re		•				•		(Member in grade E7 and DETE						DETERMINA (Attached)					
10.		SHARE	RERS (Continue on back if required)																	
	NAME OF DEPENDENT/SHARER COMPLETE CURRE									RESS (Inclu	ıde İ	ZIP Code)	REL	ATIONS	HIP		DOB OF CHIL	DREN		
									N OF DEPENDENT SUPPORT											
11.	-																			
	I certify that I pr dependents ma	ovide, or am wi	ill to provid bing BAQ	de adeq and rec	juate s ouping	upport g BAQ	for the	above prior p	name	d dependents. /nonsupport.	I an	n aware that	failure to sup	port the	abov	e name	2			
	AW service reg			depend	dency	status	of my p	rimary	deper	ndents, on who	ose b	oehalf I am re	ceiving BAQ	, has no	t cha	nged so	as to affect			
12.				EX	(PENS	SES, IF	AUTH	ORIZE	ZED, I AM REQUESTING VHA BASED ON											
	My permanent	duty station:		M	My dependent's location:			on:		Both my	perr	ermanent duty station and dependent's location.								
a.	Monthly Expense	es:	Me	mber		D	epender	nt	b. Sharer/Leas					c. Address Inform						
(1)	Mortgage (PITI) or Rent							(1) Rental/Resi			ial Address:		(1) La	andic	ord's Nar	ne and Addres	S:		
(2)	2) Insurance																			
(3)	Other								(2)	Effective Dat	e:	(3) Expira) Expiration Date: (2		(2) Landlord's P		Phone No.			
TOTALS																				
I certify ALL information regarding this authorization is correct. I will immediately n									(4) Number of Sharers (show name(s) and address in block 10.)											
marri IMPC	iage, death, living DRTANT: Making	in government of a false statement	quarters e	etc, whic n agains	t the U	d affec JS Gov	t by BA	Q or V nt is pu	HÁ en nishab	titlement. ble by courts-m	artia									
13.	statement in connection with claims is a maximum fine of \$10,000 or imprisonme 13. MEMBER'S SIGNATURE 14. DATE									15. CERTI		IG OFFICER	'S SIGNATU	RE			16. DAT	E		

AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ), AND/OR VARIABLE HOUSING ALLOWANCE (VHA)							F	PRIVACY ACT STATEMENT										
								UTHO	ORITY:	37 USC 403; Public Law 96-343; EO 9397.								
For use of this form, see AR 37-104-4; the proponent agency is ASA (FM) ⁷ 1. NAME (Last, First, MI)															erminate military member's entitlement for quarters <i>(BAQ)</i> and/or lowance <i>(VHA)</i> .			
									be disclosed to Army con						ary pay record, information may			
2. SOCIAL SECURITY NUMBER 3. GRADE								major commands, and other Army installa DOD components; other federal agencies							allations; to ies such as	other IRS,		
									Social Security Administration and VA, GAO, members of Congress; State and local government; US and State courts, and various law enforcement agencies. Social									
4.	TYPE OF ACTIC		Security Number (SSN) is used for positive identification.															
	START	CHANGE	NGE REPORT				VHA. Disclosure of your SSN is voluntary. form will not be processed without your SS								r, this			
	CORRECT	STOP	F	RECERTI	FICATIO	N		the Army identifies you for pay purposes by your SSN.										
5.	DUTY LOCATIO	N (Include Sta	tion, Name,) 6	6. DATE/ACTION 7. BAQ TYPE													
								(YYYYMMDD)		WITH DE	PENDENTS			PAF	RTIAL		
											WITHOU	T DEPENDE	NTS					
8.		MAR	ITAL/DEPE		STATU	S		9. QUARTERS ASSIGNMENT/AV						Γ/AVAIL/	ABILITY			
	a. SINGLE		b. MAR (see block		; (3))				ED (see 1), (2) & (3))			· ADEQUATE (see block (1))				NADEQUAT blocks (1), (2		
		Y SEPARATED ks (1), (2) & (3)				DEPENI									d. 1		BLE	
(1)	Spouse/Former Spouse SSN	(2)	Spouse/Fo Spouse D	ormer uty Statio		(3)	Date	te of Marriage, orce/Separation			QUARTE NO.	QUARTERS			(2) FAIR RENTAL VALUE \$			
														·				
(4)	Child in Custody of:	oouse		Other	Other (3) FROM: TO:													
(5)	If you check "OT	HER" above, p	epare DD F	Form 137	to establ	ish depe	endency	y.		(4)	ME	MBER ELEC	TION			COMMAN	DER	
(6)	If child support re	(2) & (3							DETERMI (Attached)									
10.				DI	EPENDE	NTS/SH	IARER	ERS (Continue on back if required)										
	NAME OF DI	RRENT	T ADDRESS (Include ZIP Code) RELATIONSHIP DOB OF						DOB OF CH	HILDREN								
11.					CE	RTIFIC	ΔΤΙΟΝ	N OF DEPENDENT SUPPORT										
	l certify that I p	ovide or am w	II to provide					ve named dependents. I am aware that failure to support the above named r periods/nonsupport.										
	dependents ma	y result in stop	bing BAQ a	nd recoup	ing BAQ	for any	prior pe	eriods	/nonsupport.				portaio					
	AW service reg			lependend	cy status	of my p	rimary	deper	ndents, on who	se b	ehalf I am re	ceiving BAQ	, has no	ot cha	nged so	as to affect		
12.				EXPE	NSES, II	F AUTHO	ORIZEI	D, I Al										
	My permanent	duty station:		My de	My dependent's location:			Both my permanent duty station a				station and de	ependei					
a.	Monthly Expense		Mem	iber	Dependent			b. Sharer/Lease Information					c. Address Information					
(1)	Mortgage (PITI) or Rent						(1) Rental/Resid			al Address:		(1) Landlord's Name an			ne and Addr	ess:	
(2)	Insurance																	
(3)) Other							(2)	Effective Dat	te: (3) Expiration Date:		tion Date:	(2) Landlord's			Phone No.		
TOTALS																		
	6. ALL :	tob.	(4)			ers (show n	. ,			,	*00							
I certify ALL information regarding this authorization is correct. I will immediately notify the FAO/HRO of any changes in the information above, due to divorce, marriage, death, living in government quarters etc, which could affect by BAQ or VHA 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 imprisonm 13. MEMBER'S SIGNATURE 14. DAT														16. D	ATE			