

DO YOU HAVE PRIOR ENLISTED TIME: YES/NO

HOW MANY YEARS: _____

REQUIRED DOCUMENTS FROM ALL STUDENTS

1 SET OF ORDERS AND ALL AMENDMENTS

1 COPY OF OATH

REQUIRED DOCUMENTS IF CLAIMING BAH:

DA FORM 5960 FROM HOME UNIT IF APPLICABLE

MARRIED SOLDIERS:

MARRIAGE LICENSE

SINGLE:

1 FULL COPY COPY OF LEASE- IF APPLICABLE

1 MORTGAGE STATEMENT- IF APPLICABLE

1 DEED- IF APPLICABLE

SINLGE WITH DEPENDENT:

**1 COPY OF DEPENDENT BIRTH CERTIFICATE/W PROOF OF
SUPPORT OR CUSTODY - IF APPLICABLE**

STATEMENT FOR PAYMENT OF ACTIVE-DUTY INITIAL UNIFORM

ALLOWANCE SUBMIT TO: ARMY MILITARY PAY OFFICE (Rm 122)

FORT LEE-VA 23801-1724

PRIVACY ACT of 1974. AUTHORITY: 10 USC Sections 3013. PRINCIPAL PURPOSE: Substantiating document establishing Soldiers right to Reimbursement of uniform allowance. ROUTINE USES: Provide means of applying for uniform allowance, disclosure is voluntary; however, Failure to provide personal data could prelude proper identification.

Name: _____ **SSN:** _____
PLEASE PRINT (Last Name, First Name, Middle Initial)

GRADE: _____ **ORGANIZATION:** _____

I request reimbursement for the active-duty uniform allowance as provided in the Department of Defense Financial management Regulation (DoD FMR Volume 7A, Chapter 30).

- A. I have not applied for, nor received an initial uniform allowance as an officer of the National Guard of the United States, Army Reserve, or Army of the United States without component under the Armed Forces Reserve Act of 1952.
- B. I have not received an initial uniform allowance in any amount as an officer. I understand that only period of duty that require wearing of the uniform are counted for entitlement to the initial uniform allowance.
- C. I am reporting/reported for active duty for a period in excess of 45 days or actually performed active duty in excess of 90 days after reporting for an indefinite period on (date) _____ in compliance of Orders Number _____ HQ _____ dated _____
- D. I was not a regular officer transferring to another Military Service.
- E. The tour of active duty or active duty for training requires/required the wearing of uniform, which I have in my possession.
- F. I have been determined physically qualified for active duty.
- G. Immediately prior to entering on active duty as an officer, my status was (OCS, student, active duty (Enlisted/Officer), ROTC, civilian, etc.) _____
- H. I executed my Oath of Office on (date) _____

(OFFICER'S SIGNATURE AND DATE)

STATEMENT FOR PAYMENT OF ACTIVE-DUTY UNIFORM ALLOWANCE

ADDITIONAL CLOTHING ALLOWANCE

SUBMIT TO: ARMY MILITARY PAV OFFICE (Room 122)

FORT LEE VA 23801

PRIVACY ACT OF 1974. Authority: 10 USC SECTIONS 3013. PRINCIPAL PURPOSE: Substantiating documents establishing Soldiers right to reimbursement of uniform allowance. ROUTINE USES: Provide means of applying for uniform allowance, disclosure is voluntary; however, failure to provide personal data could preclude proper identification.

Name: _____

PLEASE PRINT {Last Name, First Name, Middle Initial}

SSN: _____

I request reimbursement for the active-duty uniform allowance as provided in the Department of Defense Financial Management Regulation (DODFMR Volume 7 A, Chapter 30).

A. I reported for active duty or active duty for training for a period in- excess of 45 days or actually, performed duty in excess of 90 days after reporting for an indefinite period on (date) _____ in compliance of Orders Number _____ HQ _____ dated _____.

B. I have not received an additional uniform allowance in excess of \$200.00 during my current tour of active duty or within a period of 2 years before entering on my current tour of duty.

C. The tour of active duty or active duty for training required the wearing of uniform, which I have in my possession.

D. During the 2-year period prior to reporting for my current tour of duty, I have not served on active duty or active duty for training for a period of more than 90 days duration as a non-regular officer.

E. Prior to this date, I have neither received nor applied for the active-duty uniform allowance authorized under the Armed Forces Reserve Act of 1952 for the tour of active duty or active-duty-for training for which this entitlement is claimed.

F. I executed my Oath of Office on (date) _____

(OFFICER'S SIGNATURE)

FAST START

DIRECT DEPOSIT

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER

EMPLOYEE NAME
(as on payroll records)

(Last, First, Initials)

TELEPHONE NUMBER (WORK)

(HOME)

2. TYPE OF ACCOUNT

Checking
 Savings

TYPE OF PAYMENT

Net Pay
 Travel
 Other Federal
employment related
payments

3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)
A voided personal check/sharedraft may be attached in lieu of completing this section.
See instructions on back of this form.ROUTING TRANSIT
NUMBER

Check Digit

ACCOUNT NUMBER

ACCOUNT TITLE

(Account Holder's Name)

FINANCIAL INSTITUTION NAME

4. ALLOTMENT INFORMATION

Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

TYPE OF ALLOTMENT
(Check One)

Savings (whole dollar amounts only)
 Discretionary or Third Party

TYPE OF ACCOUNT
(Check One)

SAVINGS
 CHECKING

ACTION
(Check One)

START
 CANCEL
 CHANGE

AMOUNT
(Check One)

INCREASE TO:
 DECREASE TO:
New Total \$

ALLOTTEE NAME
(person/company who
will receive allotment)

ALLOTTEE'S ROUTING NUMBER

Check Digit

ALLOTTEE'S ACCOUNT NUMBER

ALLOTTEE'S ACCOUNT TITLE
(Account Holder's Name)

FINANCIAL INSTITUTION NAME

5. AUTHORIZATION



EMPLOYEE'S SIGNATURE

DATE

6. AGENCY USE:

**BASIC ALLOWANCE FOR HOUSING (BAH)
AUTHORIZATION AND DEPENDENCY DECLARATION**

For use of this form, see AR 637-1. The proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 403, Basic allowance housing; Army Regulation 637-1, Army Military Compensation and Entitlement Policy.

PRINCIPAL PURPOSE: To start, adjust or terminate a Soldier's entitlement to basic allowance for housing (BAH) and to verify a Soldier's dependency status. For additional information see the System of Records Notice A0600-8-104 APS <http://www.federalregister.gov/documents/2019/07/18/2019-15242/privacy-act-of-1974-system-of-records>.

ROUTINE USES: To the Internal Revenue Service for tax purposes. To the U.S. Government Accountability Office for statistical management. To the members of Congress for inquiries. To U.S. state courts and various law enforcement agencies by subpoena only.

DISCLOSURE: Voluntary; however, form will not be processed without your DoD ID for pay purposes and nondisclosure may result in discrepancies with your BAH.

1. Name (Last, First, MI)		2. DOD ID Number	3. Grade	
4. Member's Physical Address (Street, City, State, and Zip Code)		5. Duty Location (Unit Location or City, State, and Zip Code)		
6. Effective Date Of Action	7. Type Of Action (Select Only One)			
	<input type="checkbox"/> Start	<input type="checkbox"/> Change	<input type="checkbox"/> Stop	
	<input type="checkbox"/> Recertify	8. BAH Type (Select Only One)		
	<input type="checkbox"/> With Dependents	<input type="checkbox"/> Without Dependents	<input type="checkbox"/> Differential	
9. Marital Status (Select Only One)		Has your spouse or former spouse ever served in a branch of the Uniformed Services? (If Yes, complete blocks a, b, c & d)		
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Legally Separated	<input type="checkbox"/> Widowed
10. Spouse's Name (Last, First, MI)				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
11. Spouse's Physical Address (Street, City, State, and Zip Code)		a. Spouse's DOD ID Number b. Spouse's Branch Of Service c. Date Spouse Last Entered Service d. Date Spouse Last Separated Service		

12. Other Dependent Information (Children and Secondary Dependents). Additional Dependents Will Be Listed On Additional Forms

Name	Physical Address	Relationship	Date Of Birth	Custody	
				Physical	Legal

13. Certification of Dependent Support

Read and Initial: I understand that the legal purpose of a housing allowance on behalf of a dependent is to partially reimburse a Service Member for the expense of providing a private sector residence for the dependents when Government Quarters are not provided. I further understand that a housing allowance for a dependent is not a bonus merely for the technical status of being married or a parent.

Read and Initial: I understand that I am required to provide adequate support to those dependents on whose behalf I am receiving a housing allowance and if I fail to provide adequate support, the housing allowance that I received for that dependent will be recouped for nonsupport or inadequate support periods.

Read and Initial: I understand that a legal separation agreement, court decree, judgment, or order that does not state the dependent support amount, or absolves me of my dependent support responsibility, does not of itself affect my housing allowance. I further understand that if I am authorized a housing allowance on behalf of a dependent that I must contribute to my dependent's support in an amount that is not less than the applicable BAH-DIFF rate.

Read and Initial: I understand that if there is a court order or legal separation agreement stating the support amount, I must contribute to the dependent's support the amount specified therein, but in no case may the support payments be less than the applicable BAH-DIFF rate.

Read and Initial: I certify that I provide or am willing to provide adequate support to the above named dependents.

I certify ALL information regarding this authorization is correct. I will immediately notify the servicing Finance/Personnel Office of any changes in the information above, due to divorce, marriage, death, living in government quarters etc., which could affect my BAH 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 imprisonment for 5 years, or both.

14. Member's Signature	15. Date	16. Commander's Signature	17. Date
------------------------	----------	---------------------------	----------

STATEMENT TO SUBSTANTIATE PAYMENT OF FAMILY SEPARATION ALLOWANCE (FSA)

PRIVACY ACT STATEMENT

AUTHORITY: 37 U.S.C. 427, Family separation allowance.

PURPOSE: To substantiate payment of Family Separation Allowance (FSA); provides an audit trail for validating propriety of payments and to assist in collecting erroneous payments; and provides a record in service member's pay account.

ROUTINE USES: To the Treasury Department to provide information on check issues and electronic funds transfers. To Federal, state, and local governmental agencies in response to an official request for information with respect to law enforcement, investigatory procedures, criminal prosecution, civil court action and regulatory order. Additional routine uses can be found within the applicable system of records notices, T7344, Defense Joint Military Pay System-Reserve Component; T7340, Defense Joint Military Pay System-Active Component; and M0104-3, Marine Corps Manpower Management Information System Records, located at: <http://dpcl.dod.mil/Privacy/SORNsIndex/DOD-Component-Notices/>

DISCLOSURE: Voluntary; however, if requested information is not provided, FSA will not be considered.

1. NAME OF MEMBER (Last, First, Middle Initial)	2. GRADE	3. DoD ID NUMBER	4. BRANCH AND ORGANIZATION
---	----------	------------------	----------------------------

PART I - MEMBER COMPLETES THIS SECTION TO SUBSTANTIATE ENTITLEMENT TO FSA

5. TYPE II (X as applicable)	6. DATE (DDMMYY) DEPARTED RESIDENCE TO UNIT HOME STATION (Mobilized Members)
<input type="checkbox"/> FSA-T (Temporary) <input type="checkbox"/> FSA-R (Restricted) <input type="checkbox"/> FSA-S (Ship)	

7. COMPLETE CURRENT ADDRESS(ES) OF DEPENDENT(S)

8. I CERTIFY TO THE FOLLOWING FACTS (X applicable box(es))

- a. I am not divorced or legally separated from my spouse.
- b. My dependent child (children) was (were) not in the legal custody of another person when I received my military orders.
- c. My dependent (other than my spouse; see line f. below) is not a member of the military service on active duty.
- d. My sole dependent is not in an institution for a known period of over 1 year or a period expected to exceed 1 year.
- e. I am claiming FSA for my parent(s) for whom I have a current and approved dependency status and am residing with, and I maintain a residence(s) for my dependent(s). I have assumed the liability and responsibilities thereof at the address(es) shown above, where I likely reside during periods of leave or such other times as my duty assignment may permit.
- f. I am married to another military member currently serving on active duty and my spouse was was not residing with me immediately before being separated by execution of my military orders.
- Spouse's DoD ID number _____ Branch and Component: _____
- g. My last TDY or deployment, if any, was was not within the last 30 days from this TDY or deployment.

9. I understand that I must notify my commanding officer immediately upon any change in dependency status and if my sole dependent or all of my dependents move to or near this station or if my dependent(s) visit at or near this station for more than 90 continuous days (more than 30 continuous days in the case of FSA-T (Temp) or FSA-S (Ship) while I am in receipt of FSA).

a. DATE (DDMMYY)	b. SIGNATURE OF MEMBER

PART II - CERTIFYING OFFICER COMPLETES THE APPROPRIATE SECTION(S) BELOW

10. **TYPE II - FSA-T.** Member has been ordered to and has performed temporary duty (TDY) at the location(s) shown below for more than 30 continuous days. This (these) location(s) is (are) outside a reasonable commuting distance from the member's permanent duty station (PDS pertains to active component) or the home of residence (HOR pertains to reserve component). A distance of 50 miles, one way, is normally considered to be within a reasonable commuting distance of a PDS or HOR. "Within a reasonable commuting distance" also may include distances of less than 50 miles and the time required to travel, under unusual conditions, does not exceed 1-1/2 hours. (Attach a blank page for continuation if necessary.)

a. LOCATION	b. INCLUSIVE DATES OF TDY/T (From/To)	c. NO. OF DAYS

11. **TYPE II - FSA-R.** Member departed (PCS/detached) from _____ (Last permanent duty station) on (DDMMYY) and was on leave en route (inclusive leave dates - DDMMYY), proceed time (inclusive dates) and the member reported to _____ (PDS) on (DDMMYY). Transportation of dependent(s) is not authorized at government expense to this station or to a place near this station.

12. **TYPE II - FSA-S.** Member was serving on orders, on board ship, away from homeport commencing (DDMMYY) _____

a. NAME OF SHIP/UNIT	b. HOMEPORT

13. Travel performed under authority of orders _____, dated _____

14. Member claiming Type II FSA, is receiving basic allowance for housing (BAH) (or residing in government type quarters) as a member with dependents or member married to a military member.

15. CERTIFYING OFFICER

a. TYPED NAME (Last, First, Middle Initial)	b. TITLE
c. ORGANIZATION	d. SIGNATURE

16. DATE (DDMMYY)

PERSONNEL ACTION

For use of this form, see DA PAM 600-8; the proponent is the DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 7013, Secretary of the Army; DA PAM 600-8, Military Human Resources Management Administrative Procedures.

PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.

NOTE: For additional information see the System of Records Notice A0600-8-104 AHRC.

<https://dpcl.dod.mil/Portals/49/Documents/Privacy/SORNs/Army/A006-8-104-AHRC.pdf>

ROUTINE USE(S): There are no specific routine uses anticipated for this form; however it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

DISCLOSURE: Voluntary, however, failure to impart pertinent information may result in a delay or error in processing the request for personnel action.

SECTION I - PERSONAL IDENTIFICATION

1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) AMPO ATTN: RC/NC Pay Processing FT Lee VA 23801	3. FROM (Include ZIP Code)
4. NAME (Last, First, MI)	5. GRADE OR RANK / PMOS / AOC	6. DOD ID NUMBER

SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above Soldier's duty status is changed from _____ to _____
effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/>	Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/>	Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/>	Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/>	Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/>	Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/>	Other (Specify): Request for Leave Carryover
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members		

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V)

The Soldier above has been counseled and certifies the following: that there are no periods of leave that have not been reported and /or applied towards their account and that any periods of unrecorded leave may result in them being placed in an excess leave status and possibly being charged leave penalties.

____ (Initials) Move all previous leave from old tours to current tour

____ (Initials) I do Not wish to cash in this leave at the end of my current tour

____ (Initials) I wish to cash in leave at the end of my current tour

SECTION V - CERTIFICATION / APPROVAL / DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

HAS BEEN VERIFIED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL IS APPROVED IS DISAPPROVED

12. COMMANDER / AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)