

**B.O.L.C. IN-PROCESSING WORKSHEET**  
**RESERVE & NATIONAL GUARD**



The information requested below is required in order to furnish sufficient information to establish, correct, or change your military pay account as needed.

**PLEASE COMPLETE THE ENTIRE WORKSHEET**

NAME \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ GRADE: \_\_\_\_\_

Last, First, MI

D.O.B. \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL (s) \_\_\_\_\_

MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ DEPENDENTS (circle one) YES / NO

MARRIED TO A SERVICE MEMBER? (circle one) YES / NO ***IF YES, complete the following ---***

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SPOUSE'S BRANCH OF SERVICE \_\_\_\_\_

DUTY LOCATION \_\_\_\_\_

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DATE ARRIVED Fort Leonard Wood: \_\_\_\_\_

SCHOOL: (circle one) **ENG / CHEM / MP** CLASS # \_\_\_\_\_

ORGANIZATION ASSIGNED TO: \_\_\_\_\_

HOME UNIT: \_\_\_\_\_

HOME UNIT POC and PHONE # \_\_\_\_\_

PROJECTED B.O.L.C. GRADUATION DATE: \_\_\_\_\_

<h2 style="margin: 0;">Officer Initial / Additional Active Duty Allowance Statement</h2> <p style="margin: 5px 0 0 20px;"><i>[For use of this form see USAR Pam 37-1; the proponent agency is the AR G-8.]</i></p>	<p style="text-align: center; margin: 0;"><b>RCS exempt per AR 335-15, paragraph 5-2b(1).</b></p> <p style="margin: 5px 0 0 20px;">1. FROM (Unit Address to include PAS)</p>								
<b>DATA REQUIRED BY THE PRIVACY ACT</b>									
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Authority:</td> <td>Title 37, USC Sections 415 to 417.</td> </tr> <tr> <td>Principal Purpose:</td> <td>To identify the officer's pay account and provide a means for making application for uniform allowances.</td> </tr> <tr> <td>Routine Uses:</td> <td>To establish officer uniform allowance entitlement.</td> </tr> <tr> <td>Disclosure:</td> <td>Voluntary; however, failure to provide information will result in action not being processed.</td> </tr> </table>		Authority:	Title 37, USC Sections 415 to 417.	Principal Purpose:	To identify the officer's pay account and provide a means for making application for uniform allowances.	Routine Uses:	To establish officer uniform allowance entitlement.	Disclosure:	Voluntary; however, failure to provide information will result in action not being processed.
Authority:	Title 37, USC Sections 415 to 417.								
Principal Purpose:	To identify the officer's pay account and provide a means for making application for uniform allowances.								
Routine Uses:	To establish officer uniform allowance entitlement.								
Disclosure:	Voluntary; however, failure to provide information will result in action not being processed.								
<b>2. NAME</b> (Last, First, Middle/MI as shown on MMPA)	<b>3. SSN</b> (As shown on MMPA)	<b>4. GRADE</b>							
<b>SECTION I - INITIAL UNIFORM ALLOWANCE</b>									
<p>5. I request payment of initial uniform allowance because I:</p> <p style="margin-left: 40px;">a. completed 14 periods of Inactive Duty Training as an officer of the Ready Reserve in an RC unit on _____.</p> <p style="margin-left: 40px;">b. completed 14 days AT or ADT as an officer of the Ready Reserve in an RC unit on _____.</p> <p style="margin-left: 40px;">c. reported for a period of ADOS in excess of 90 days as an officer of the Ready Reserve in an RC unit on _____. <b>(Report date on your orders)</b></p> <p style="margin-left: 40px;">d. transferred from another Reserve Component that requires a different uniform on _____.</p>									
<b>SECTION II - ADDITIONAL ACTIVE DUTY ALLOWANCE</b>									
<p>6. I request payment of an Additional Active Duty Uniform Allowance per DODFMR, Chapter 30, because I have reported for active duty or ADT for more than 90 days, or I have performed in excess of 90 days active duty after reporting for an indefinite period on _____ and additionally: *</p> <p style="margin-left: 40px;">a. I have not received an initial uniform allowance in excess of \$400 during my current tour of active duty or within a 2-year period before beginning this tour of duty.</p> <p style="margin-left: 40px;">b. During the 2-year period prior to reporting for my current tour of duty, I have <u>not</u> served on active duty or ADT for a period of more than 90 days as a non-regular officer.</p> <p style="margin-left: 40px;"><b>[* Note: No entitlement exists if the officer does not meet both conditions in 6a &amp; b above.]</b></p>									
<b>APPLICABLE TO SECTIONS I AND II</b>									
<p>7. The tour of duty for which this claim is based requires wearing of the uniform which I have in my possession.</p> <p>8. I was found to be physically qualified for active duty before the date stated in item 6.</p>									
<b>9. SIGNATURE OF OFFICER</b>	<b>10. DATE</b>								

**INDIVIDUAL ACTIVE DUTY  
CERTIFICATE OF PERFORMANCE**

(SEE AHRC FORM 3925 FOR INFORMATION ON BASE PAY AND ALLOWANCES.)

**CERTIFICATION PROCEDURES**

If Soldier is:	then submit:
Performing individual AT/ADT/ADOS of 29 days or less	A Certificate of Performance (AHRC Form 3924), along with a copy of the orders, on the last duty day or no later than 5 days after duty performance to the  Pay Processing Office cited in your orders.  TPU members file through unit administrator.
Performing individual AT/ADT/ADOS of 30 days or more  Monthly Certification  Final Certification	A Certificate of Performance (AHRC Form 3924), along with a copy of the orders, monthly to arrive at the Pay Processing Office cited in your orders NLT the 10th of the month following each month of duty.  A final certificate of performance, along with a copy of the orders, is required NLT 5 days after tour completion.

Date \_\_\_\_\_  
(Today's Date)

I certify that \_\_\_\_\_  
RANK NAME

completed \_\_\_\_\_ days ~~(including travel)~~ of the active duty period specified in order # T - \_\_\_\_\_ (attach a copy of orders)  
(For the month) (Upper left of orders)

U.S. Army Human Resources Command - Fort Knox, KY, dated \_\_\_\_\_  
(Upper right of orders)

Inclusive dates of duty performed are \_\_\_\_\_ to \_\_\_\_\_

Soldier's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Last day of the month)

**THE CERTIFYING OFFICIAL MUST HAVE PERSONAL KNOWLEDGE OR DOCUMENTATION  
SUPPORTING THE FACT THAT THE DUTY WAS SATISFACTORILY PERFORMED.**

SIGNATURE OF CERTIFYING OFFICIAL \_\_\_\_\_ PRINT NAME \_\_\_\_\_

RANK \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ DSN: \_\_\_\_\_ COMMERCIAL: \_\_\_\_\_

**PENALTY**

The penalty for willfully making a false claim is: A maximum fine of \$10,000  
or maximum imprisonment of 5 years or both. (U. S. Code, Title 18, Sec 287).

<h2 style="text-align: center; margin: 0;">Individual Claim for Active Duty Pay, Allowances, and Adjustments</h2> <p style="text-align: center; font-size: small; margin: 5px 0;">[For use of this form see USAR Pam 37-1; the proponent agency is the AR G-8.]</p>	<p style="text-align: center; font-size: small; margin: 0;"><b>RCS exempt per AR 335-15, paragraph 5-2b(1).</b></p> <p><b>1. FROM</b> (Unit Address to include PAS)</p>								
<b>DATA REQUIRED BY THE PRIVACY ACT</b>									
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Principal Purpose:	Used by Reserve Component units IAW USAR Pam 37-1 when initiating claims for compensation and internal controls.								
Routine Uses:	To process the action requested.								
Disclosure:	Voluntary; however, failure to provide the requested information may result in a delay or error in processing claim.								
<b>2. NAME</b> (Last, First, Middle/MI as shown on MMPA)	<b>3. SSN</b> (As shown on MMPA)	<b>4. ORIGINAL ORDER NUMBER</b>							
<b>CHECK THOSE ITEMS WHICH APPLY</b>									
<b>5. ENLISTED BAS</b> paid IAW orders. <b>Mark only</b> if a Statement of Non-Availability (SNA) was issued. SNA must be attached.									
<b>6. OFFICER BAS COLLECTION</b> DA Form 4187 enclosed. Meals available at no charge.									
<b>7. BAH</b> - This allowance will be paid IAW orders/current MMPA data unless one of the following applies. (Mark one, if applicable.) <table style="width: 100%; border: none; margin-top: 5px;"> <tr> <td style="width: 50%; vertical-align: top; border: none;">           a. Statement of Non-Availability of Quarters attached.             b. Soldier married to Soldier. Spouse is not on active duty for period:                FROM _____ TO _____                        (YMMMDD)                      (YMMMDD)             SPOUSE'S SSN: _____         </td> <td style="width: 50%; vertical-align: top; border: none;">           c. E-6 or above elects not to occupy Government Quarters. (Individual ADT/ADOS only. Not an option for Unit AT.)             d. Soldier due BAH-DIFF. Weekly/monthly support amount of \$ _____ was paid by Soldier. (Amount must equal/exceed BAH-DIFF rate.)         </td> </tr> </table>			a. Statement of Non-Availability of Quarters attached.  b. Soldier married to Soldier. Spouse is not on active duty for period: FROM _____ TO _____ (YMMMDD)                      (YMMMDD)  SPOUSE'S SSN: _____	c. E-6 or above elects not to occupy Government Quarters. (Individual ADT/ADOS only. Not an option for Unit AT.)  d. Soldier due BAH-DIFF. Weekly/monthly support amount of \$ _____ was paid by Soldier. (Amount must equal/exceed BAH-DIFF rate.)					
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<b>8. Mileage Only.</b> (Duty inside commuting distance/outside corporate limits.) Enter Round Trip distance (miles): _____									
<b>9. Special/Incentive Pay Entitlement.</b> Type _____ Orders must authorize this entitlement.									
<b>10. Saved Pay.</b> Previous Grade _____ New Grade _____									
<b>11. Active Duty Pay Adjustment.</b> (Check one)      Overpayment (collect)      Underpayment (pay)      [Documentation required]									
<b>12. Update Accrued Leave Data on MMPA.</b> (FI-IND field)      Total days Paid Leave _____									
<b>13. Pay Accrued Leave.</b> Soldier must complete and sign the following statement: (include a copy of certified orders) <p style="margin-top: 10px;"> <i>"I accrued _____ days of military leave during the period of _____ (YMMMDD) to _____ (YMMMDD) and I used _____ days of that accrual. I am due payment for _____ days accrued military leave. I have not received payment for more than 60 days of military leave during my military career that is not exempt from leave payment limits under DODFMR 7A."</i> </p> <p style="text-align: center; margin-top: 10px;">           _____            (Soldier's signature required.)         </p>									
<b>14. REMARKS</b>									
<b>15. PREPARER'S SIGNATURE</b>	<b>16. DATE</b>								

Previous editions of this form are obsolete and will not be used.

## PERSONNEL ACTION

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

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended

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

**ROUTINE USES:** The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.

**DISCLOSURE:** Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU (Include ZIP Code)

2. TO (Include ZIP Code)

DMPO

Attn: RC Pay/Processing Section

Bldg 470, Suite 1121

Fort Leonard Wood, MO 65473

3. FROM (Include ZIP Code)

Ft. Leonard Wood, MO 65473

### SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)

5. GRADE OR RANK/PMOS/AOC

6. SOCIAL SECURITY 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 Cashout
<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) (Continue on separate sheet)

"I accrued \_\_\_\_\_ days of military leave during the period of \_\_\_\_\_ to \_\_\_\_\_ and I used \_\_\_\_\_ days of that accrual. I am due payment for \_\_\_\_\_ days accrued military leave. I have not received payment for more the 60 days (\*) of military leave during my military career."

\*The Soldier above has been counseled and certifies to 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.

### 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)

## PERSONNEL ACTION

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

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended  
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**ROUTINE USES:** The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.  
**DISCLOSURE:** Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) DMPO Attn: RC Pay/Processing Section Bldg 470, Suite 1121 Fort Leonard Wood, MO 65473	3. FROM (Include ZIP Code)  Ft. Leonard Wood, MO 65473
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### SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY 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)

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<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)
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### SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

The Soldier requests to carry over leave accrued during the current period of active service.

\*The Soldier above has been counseled and certifies to 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.

### 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)
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DEPARTMENT OF THE ARMY  
90<sup>th</sup> Support Battalion  
1 Soldier Way  
Fort Leonard Wood, Mo 65473

ATSJ-BSB

November 12, 2010

MEMORANDUM FOR DMPO, Bldg 470, Suite 1120, Fort Leonard Wood, Mo 65473

Subject: Leave History

SGT Joe Snuffy, 123-45-6789, is a Reservist being released from active duty. As of 30 October 2010, all chargeable leave has been submitted to the DMPO. The following is breakdown of all leave taken during this tour of duty:

Start Date	End Date	Type	Control No.	Number of Days Used
17 Mar 10	26 Mar 10	O	BS001	10
13 Oct 10	17 Oct 10	O	BS014	5
08 Nov 10	12 Nov 10	PDMRA	BS030	5

I have verified this information is correct. Point of contact is SPC U.R. Right at (573) 596-0123.

/S/  
George I. Joe  
CPT, MI  
Commanding

SAMPLE WHEN LEAVE HAS BEEN TAKEN



DEPARTMENT OF THE ARMY  
90<sup>TH</sup> Support Battalion  
1 Soldier Way  
Fort Leonard Wood, MO 65473

ATSJ-BSB

November 12, 2010

MEMORANDUM FOR DMPO, Building 470, Suite 1120, Fort Leonard Wood, MO 65473

Subject: Leave History

SGT Joe Snuffy, 123-45-6789, is a Reserve/National Guard soldier on active duty from 12 August 2010 through 30 October 2010 who is being released from active duty. As of 30 October 2010, no leave has been taken by the soldier.

I have verified this information is correct. Point of contact is SPC U.R. Right at (573)596-0123.

*George I. Joe*

George I. Joe  
CPT, MP  
Commanding

**SAMPLE WHEN NO LEAVE HAS BEEN TAKEN**



AUTHORIZATION TO START, STOP, OR CHANGE 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)				PRIVACY ACT STATEMENT			
1. NAME (Last, First, MI)				AUTHORITY: 37 USC 403; Public Law 96-343; EO 9397.			
2. SOCIAL SECURITY NUMBER		3. GRADE		PRINCIPLE PURPOSE: To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA).			
4. TYPE OF ACTION				ROUTINE USE: To adjust member's military pay record, information may 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 Congress; State and local government; US and State courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification.			
<input checked="" type="checkbox"/> START <input type="checkbox"/> CANCEL <input type="checkbox"/> CHANGE <input type="checkbox"/> REPORT				DISCLOSURE IS VOLUNTARY: Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN.			
<input type="checkbox"/> CORRECT <input type="checkbox"/> STOP <input type="checkbox"/> RECERTIFICATION							
5. DUTY LOCATION (Include Station, Name, City, State, and Zip Code)				6. DATE/ACTION (YYYYMMDD)		7. BAQ TYPE	
Ft. Leonard Wood, MO 65473						<input type="checkbox"/> WITH DEPENDENTS <input type="checkbox"/> PARTIAL	
						<input type="checkbox"/> WITHOUT DEPENDENTS	
8. MARITAL/DEPENDENCY STATUS				9. QUARTERS ASSIGNMENT/AVAILABILITY			
<input type="checkbox"/> a. SINGLE		<input type="checkbox"/> b. MARRIED (see blocks (1), (2) & (3))		<input type="checkbox"/> c. DIVORCED (see blocks (1), (2) & (3))		<input type="checkbox"/> a. ADEQUATE (see block (1)) <input type="checkbox"/> b. INADEQUATE (see blocks (1), (2) & (4))	
<input type="checkbox"/> d. LEGALLY SEPARATED (see blocks (1), (2) & (3))		<input type="checkbox"/> e. DEPENDENT CHILD (see blocks (4), (5) & (6))		<input type="checkbox"/> c. TRANSIENT (see block (3))		<input checked="" type="checkbox"/> d. NOT AVAILABLE	
(1) Spouse/Former Spouse SSN		(2) Spouse/Former Spouse Duty Station		(3) Date of Marriage, Divorce/Separation		(1) QUARTERS NO. (2) FAIR RENTAL VALUE \$	
(4) Child in Custody of: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Former Spouse <input type="checkbox"/> Other				(3) FROM: TO:			
(5) If you check "OTHER" above, prepare DD Form 137 to establish dependency.				(4) <input type="checkbox"/> MEMBER ELECTION (Member in grade E7 and above) <input type="checkbox"/> COMMANDER DETERMINATION (Attached)			
(6) If child support received from another military member, complete (1), (2) & (3).							
10. DEPENDENTS/SHARERS (Continue on back if required)							
NAME OF DEPENDENT/SHARER		COMPLETE CURRENT ADDRESS (Include ZIP Code)			RELATIONSHIP		DOB OF CHILDREN
11. CERTIFICATION OF DEPENDENT SUPPORT							
<input type="checkbox"/> I certify that I provide, or am will to provide adequate support for the above named dependents. I am aware that failure to support the above named dependents may result in stopping BAQ and recouping BAQ for any prior periods/nonsupport.							
<input type="checkbox"/> IAW service regulations, I certify that the dependency status of my primary dependents, on whose behalf I am receiving BAQ, has not changed so as to affect my entitlement thereto for the period							
12. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON							
My permanent duty station:		My dependent's location:		Both my permanent duty station and dependent's location.			
a. Monthly Expenses:		Member		Dependent		b. Sharer/Lease Information	
(1) Mortgage (PITI) or Rent						(1) Rental/Residential Address:	
(2) Insurance						(1) Landlord's Name and Address:	
(3) Other						(2) Effective Date:	(3) Expiration Date:
						(2) Landlord's Phone No.	
TOTALS						(4) Number of Sharers (show name(s) and address in block 10.)	
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 imprisonment for 5 years, or both.							
13. MEMBER'S SIGNATURE				14. DATE		15. CERTIFYING OFFICER'S SIGNATURE & Signature Block	
						16. DATE	