

Department of Homeland Security U.S. Coast Guard CG PSC 2025A (Rev-05/08)	<h2 style="margin: 0;">HOUSING ALLOWANCE PROTECTION WORKSHEET</h2>
---	--

Purpose: Request to COMDT (CG-1222) to base BAH or OHA at a location other than the permanent duty station (PDS).

EMPLID	Name (last, first, MI)	Rank/Rate	Current PDS
--------	------------------------	-----------	-------------

PCS order received to:

My dependency status is (select only one):(W/depns-With dependents, WO/depns-Without dependents)

_____ W/depns / _____ W/depns(My spouse is on active duty and I claim our dependents for BAH)

_____ WO/depns / _____ WO/depns(My spouse is on active duty and we have no dependents)

My current housing allowance entitlement is (see Leave and Earning Statement):

_____ BAH or OHA With Dependents / _____ BAH Without Dependents / _____ BAH Partial

_____ BAH or OHA With Dependents Based on Payment of Child Support

_____ BAH DIFF (Assigned to Coast Guard or Dept. of Defense (DOD) owned/leased quarters)

_____ Not receiving BAH or OHA. Assigned to CG/DOD owned/leased type quarters

Type of PCS order or other authorization received (select only one):

_____ To a local unit issued with no PCS entitlements (Notes 1 and 2).

_____ To a dependent-restricted PDS (including PATFOR SWA & PATFOR SWA/Mobile Unit/Cutters)*(See Note 3).

_____ To an Unusually Arduous Sea Duty Vessel (WHEC, WMEC, or WAGB) (See Notes 3 and 4).

_____ To a unit or military housing area (MHA) designated a Critical Housing Area* (See Notes 3 and 4).

_____ To an OCONUS PDS and electing the “unaccompanied” tour* (See Note 3).

_____ To Professional Education or Training for at least 20 weeks and less than 12 months in duration* (See Note 3).

_____ An authorized Early Return of Dependents (ERD) at Government expense from OCONUS (See Note 5).

***Not applicable to members receiving BAH/OHA with-dependents based on payment of child support.**

Rate Protection Requested for (select only one): _____ Previous PDS _____ Designated place of dependents

Note: For OCONUS (non-BAH payable) areas, only a designated place of dependents can be requested.

Note 1: To request BAH for the previous PDS, the member’s/dependent’s residence (if with dependents), or the member’s residence (if without dependents), must be located within a reasonable commuting distance to the member’s current PDS and new PDS, and the member will not be relocating their residence.

Note 2: If the PCS order is not to a local unit and is issued with PCS entitlements, the member cannot request that the order issuing authority amend or issue a new PCS order without PCS entitlements.

Note 3: To request BAH for the previous PDS, the member’s/dependents residence must be within a reasonable commuting distance to the previous PDS. If not, BAH will be based on the designated place of dependents. If the previous PDS is at a OHA location, OHA cannot be authorized for a previous PDS, only for the dependents location.

Note 4: Rate protection is not authorized if the member’s intention is to relocate any of their dependents to the vessel’s home port or to the CHA, including delaying their relocation to the vessel’s home port or CHA after the member reports.

Note 5: BAH/OHA is effective the date the dependents arrive at their new residence location. If the member is assigned to Government owned or leased family-type quarters at their PDS when the ERD is executed, BAH/OHA cannot be authorized for the dependents location until the member vacates their assignment to family-type quarters.

Current residence:

Address _____

Town/City _____ State _____ Zip Code _____

If with dependents, do your dependents presently reside with you at this address? YES / NO

If BAH or OHA is requested for a designated place of dependents, the address and effective date my dependents will be residing at this address (if different from above address):

Effective date my dependents will reside at this address _____

Address _____

Town/City: _____ State _____ Zip Code _____

Travel information from residence to current and new duty station locations.

The **round-trip** travel from my residence location to my current duty station (PDS) is _____ miles, and a travel time of _____ hour(s) and _____ minutes.

The **round-trip** travel from my residence location to my new duty station (PDS) is _____ miles, and a travel time of _____ hour(s) and _____ minutes.

Note: Unless the PCS order authorizes BAH/OHA to be based on a designated place of dependents, do not submit this worksheet if a residence relocation will be made either before or after the reporting to the new duty station.

Remarks:

(If necessary, continue remarks on a separate document and attach to the worksheet).

Member's Initials _____: Application for BAH rate protection is based on the information entered on this worksheet, and I certify that the information is correct to the best of my knowledge. If approved for rate protection by COMDT (CG-1222), I understand rate protection remains in effect until I execute a PCS from my permanent duty station, retire, resign, discharge, my dependency status changes, or I and/or my dependents (if with dependents) relocate my/their residence out of the Military Housing Area (MHA), or town/city location, for which BAH protection is authorized. I will promptly notify my Servicing Personnel Office (SPO) if any of these actions occur. I further understand that after reporting to my duty station, if the BAH rate for my duty station becomes higher than the rate I am protected at, I may not submit another request to COMDT (CG-1222) to have my BAH rate changed to my current duty station.

Privacy Act Statement

In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard – 10 USC Section 2771, Principal Purpose(s) – Used to indicate member's intentions during travel to next permanent duty station. Routine Uses – Same. Disclosure – Disclosure of this information if voluntary, but without disclosure the member's request may not be approved.

	Date	Submit worksheet to: Fax: (202)475-5927 Mail: Commandant (CG-1222) 2100 Second St SW Washington, DC 20593-0001
Member Signature		
	Date	Questions/comments. Send e-mail to: COMPENSATION@COMDT.USCG.MIL
Command Signature		

Submission of a memo is not required. Use the remarks block if necessary.