

# TLA CLAIM FORM

## BASIC INFORMATION

1) Rank & Name: \_\_\_\_\_ 2) SSN: \_\_\_\_\_

3) Unit: \_\_\_\_\_ 4) Home#: \_\_\_\_\_ 5) Work#: \_\_\_\_\_

6) Are you  Reporting  Departing  Emergency or Renovation; other  
Date: \_\_\_\_\_

### TLA claim status

- 1) Is this your first period of TLA?  Yes  No  
2) Will this be your final period TLA ?  Yes  No

In accordance with the provisions of the JFTR, I request TLA for a period of \_\_\_\_\_ days, in conjunction with Reporting PCS, Departing PCS, or Emergency/Renovation. The total number of days I have been on \_\_\_\_\_

3) This period of TLA Dates: From \_\_\_\_\_ To \_\_\_\_\_

During this period, I was:

- Staying with my dependent(s)  
 NOT staying with my dependent(s) Date: From \_\_\_\_\_ To \_\_\_\_\_

Name of Power-of-Attorney to sign TLA: \_\_\_\_\_ Relation: \_\_\_\_\_

- On Leave Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 On TAD orders Date: From \_\_\_\_\_ To \_\_\_\_\_

### Dependent(s) Information

- 1) Are you  Single or Unaccompanied Sponsor/Dependent  Married  
 Member-married to-Member; Name & Rank of spouse: \_\_\_\_\_

Dependent(s) Name	Relation	Age	Lodged w/you?	Dependent(s) on Orders?

### Occupancy information

- 1) I'm/we're currently staying:  
Hotel name: \_\_\_\_\_  
 Room#(s): \_\_\_\_\_ Phone#: \_\_\_\_\_  
Adequate *cooking facilities* available in my hotel room. Yes  No   
 With family/friend's home Family/Friend phone# (opt):  \_\_\_\_\_  \_\_\_\_\_

TLA is authorized for up to 30 days. A period in addition to 30 days may be authorized under extenuating circumstances by the Commanding Officer/Transportation Officer. \_\_\_\_\_

Rank & Name: \_\_\_\_\_

2) SSN: \_\_\_\_\_

**Record of Housing Search**

To maintain continued eligibility for TLA, every effort MUST be made to obtain permanent housing. If it becomes necessary to request an extension of TLA the completeness and accuracy of this form will support your claim.

Helpful sources: [www.dodreferral.com](http://www.dodreferral.com), realtors, [www.rentalsillustrated.com](http://www.rentalsillustrated.com), Relocation and Referral Services Office.

You are required to aggressively search and record your housing search progress in the spaces provided below. If you're reporting PCS, this form has to be with each and every application for TLA payment.

I am anticipating  Delivery/pickup of HHG/Aloha Kit  Close Sale (purchase home)  Rent/lease (economy)

To vacate premises  To reside on the boat or BEQ/barracks or GOV'T Housing

DATE: \_\_\_\_\_

Date	Address	Contact number	Monthly cost	Number of rooms	Comments of suitability?

\_\_\_\_ (initial) I understand TLA claims are to be submitted every **10 days**.

\_\_\_\_ (initial) I understand that inbound TLA will terminate under any of the following conditions:

- a. At 2400 on the day prior to residing in permanent residence.
- b. At 2400 on the day prior to delivery of Household Goods or the *Aloha Kit* availability.
- c. At 2400 on the day prior to the date Government owned or leased quarters were available for occupancy.
- d. At 2400 on the day prior to the member signing a lease.
- e. At any time the TLA authorizing official determines that a member is not making a bona fide effort to aggressively locate permanent housing.

\_\_\_\_ (initial) I understand if I reside in temporary quarters with friends and/or family, I am not entitled to the lodging of TLA. I may submit a claim for the messing portion of TLA only.

**Check list**

- Copy of Orders (and Amendments, if any)
- Original receipt(s) from Hotel
- Rental/Lease Agreement (GOVT or Economy)
- Power of Attorney document (for dependent only)
- DROA/Closing sale documents (purchasing home)

I certify that the information given above is true and correct to the best of my knowledge. I am aware of the penalties for presenting a false statement in connection with this claim. Fraudulent claims will result in a fine of not more than **\$10,000 or imprisonment for not more than five years, or both.** (USC 237-1001)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_