

Department of Homeland Security U. S. Coast Guard CG PSC-2025 (Rev. 07/2008)		<h2 style="margin: 0;">BAH/Housing Worksheet</h2>										
Name (Last, First, MI)	Rank/Rate	Permanent Unit	EMPLID									
PURPOSE: Use this form to indicate current housing status. Use Housing Allowance Protection Worksheet (CG PSC-2025A) to request BAH for a location other than the permanent duty station (PDS) - http://www.uscg.mil/hq/cg1/psc/forms/2025a.pdf				Effective Date of Change:								
<h3 style="margin: 0;">SPOUSE INFORMATION</h3>												
<input type="checkbox"/> I am not married. <input type="checkbox"/> I am married. My spouse is not in the service (active or reserve component). <input type="checkbox"/> I am married. My spouse is also in the service (active or reserve component). Please complete and attach a Member-Married-to-Member BAH Worksheet (CG PSC 2025B) -- http://www.uscg.mil/hq/cg1/psc/forms/2025b.pdf												
<h3 style="margin: 0;">HOUSING INFORMATION</h3>												
My current housing address is: (enter below) <input type="checkbox"/> I want this address used as my mailing address on my LES (block 22)												
Notes: 1. If you have dependents and they do not reside with you at this address, attach a separate sheet with their complete address and zip code. 2. Use Housing Allowance Protection Worksheet (CG PSC-2025A) to request BAH for a location other than the permanent duty station (PDS) -- http://www.uscg.mil/hq/cg1/psc/forms/2025a.pdf												
Address: _____ City: _____ State: _____ Zip Code: _____												
My dependency status is (select only one): (W/depns-With Dependents, WO/depns-Without dependents)												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;"> <input type="checkbox"/> W/depns (includes M-to-M couples where spouse is on Active Duty, I claim our dependents for BAH. Attach Member-Married-to-Member BAH Worksheet (CG PSC 2025B) -- http://www.uscg.mil/hq/cg1/psc/forms/2025b.pdf) </td> <td style="width:50%; padding: 5px;"> <input type="checkbox"/> WO/depns (includes M-to-M couples where spouse is on Active Duty and claims dependents for BAH. Attach Member-Married-to-Member BAH Worksheet (CG PSC 2025B) -- http://www.uscg.mil/hq/cg1/psc/forms/2025b.pdf) </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> WO/depns (includes M-to-M couples and the spouse is on Active Duty and we have no dependents. Attach Member-Married-to-Member BAH Worksheet (CG PSC 2025B) -- http://www.uscg.mil/hq/cg1/psc/forms/2025b.pdf) </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> WO/depns and paying child support (ex-spouse is not an active duty military member) </td> </tr> </table>					<input type="checkbox"/> W/depns (includes M-to-M couples where spouse is on Active Duty, I claim our dependents for BAH. Attach Member-Married-to-Member BAH Worksheet (CG PSC 2025B) -- http://www.uscg.mil/hq/cg1/psc/forms/2025b.pdf)	<input type="checkbox"/> WO/depns (includes M-to-M couples where spouse is on Active Duty and claims dependents for BAH. Attach Member-Married-to-Member BAH Worksheet (CG PSC 2025B) -- http://www.uscg.mil/hq/cg1/psc/forms/2025b.pdf)	<input type="checkbox"/> WO/depns (includes M-to-M couples and the spouse is on Active Duty and we have no dependents. Attach Member-Married-to-Member BAH Worksheet (CG PSC 2025B) -- http://www.uscg.mil/hq/cg1/psc/forms/2025b.pdf)		<input type="checkbox"/> WO/depns and paying child support (ex-spouse is not an active duty military member)			
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My housing assignment status is: (enter below)												
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Note: A member without dependents residing in Government quarters at their duty station cannot apply for BAH or OHA without dependents for a residence that he or she pays a rent or mortgage, but cannot reside in because it is not in the vicinity of their duty station. The member is considered assigned to Government quarters and is only authorized BAH Partial, or is paying child support, BAH-Diff.												
<h3 style="margin: 0;">PRIVACY ACT STATEMENT</h3>												
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. Authority - 14 USC Section 632 and 37 USC Section 403a. Principal Purpose (s) - Used to indicate current housing status and to validate the amount of member's BAH Payment. Disclosure - Disclosure of this information is voluntary, but without disclosure member may not receive correct payment of BAH.												
Member's Signature		Date:	For SPO Use Only									
Command Approval		Date:	Action Completed Date: _____	Initials: _____								

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

Department of Homeland Security
 U. S. Coast Guard
 CG-PSC-2025B (Rev. 07/2008)

MEMBER-MARRIED-TO-MEMBER BAH WORKSHEET

Purpose: For SPOs to determine correct entitlement to Basic Allowance for Housing (BAH) for members married to another member of a Uniformed Service. This form shall be used in conjunction with and attached to [CG-PSC-2025](#) and will be retained in the SPO PDR. If both members are in the Coast Guard, they **both** must complete this form when transferring, or change in status occurs (marriage, divorce, birth, etc.) The SPO will coordinate entitlements if one spouse is a member of another service.

Name (Last, First, M.I.)	EMPLID	Rank/Rate	Permanent Unit
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Spouse Information

Name (Last, First, M.I.)	EMPLID (if Coast Guard, SSN if not)	Rank/Rate	Date of Marriage
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Spouse's Branch	Spouse's Home Address (if different)	Spouse's Duty Station and Zip Code
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If members residing separately, number of dependents residing with: Member _____ Spouse _____	Name of member with a parent listed as a dependent (if applicable):
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Spouse is a: <input type="checkbox"/> Regular on Active Duty <input type="checkbox"/> Reservist/Guardsman on Active Duty <input type="checkbox"/> Reservist/Guardsman on Inactive Duty	<i>Note: If spouse is an inactive duty Reservist/Guardsman, this form must be completed every time the spouse enters AND separates from active duty in receipt of Basic Pay. IDT (drill) pay is not Basic Pay.</i>
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Housing Information

Check ALL of the following which apply:

- My spouse and I reside together. (In government quarters? Yes No)
- My spouse and I reside separately, both in government quarters.
- My spouse and I reside separately, both in private quarters on the economy.
- My spouse and I reside separately, me in government quarters, my spouse in private quarters.
- My spouse and I reside separately, me in private quarters, my spouse in government quarters.
- My spouse and I have dependents together who reside with us.
- I have dependents who reside with us.
- My spouse has dependents who reside with us.
- I pay child support for a dependent not residing with either of us.
- My spouse pays child support for a dependent not residing with either of us.
- I am assigned to sea duty.
- My spouse is assigned to sea duty.
- Other (explain):

You must read and initial each of the following

I understand that I am responsible for reviewing my LES for accuracy **every** month, and that I must report any possible overpayments to the SPO immediately upon detection and continue to report any successive failure(s) to correct the problem.

Initial: _____ **Date:** _____

I understand that I am responsible for reading and understanding Chapter 3, Sections B thru G, of the CG Pay Manual, and all associated figures. I hereby acknowledge that I have read the information on the reverse side of this form and can articulate my entitlements to BAH.

Initial: _____ **Date:** _____

If my spouse is a reservist, I understand that I am required to report **any and all changes** in the active duty status to the SPO as soon as they occur, and that I am responsible for any overpayments which occur due to a failure to report this information.

Initial: _____ **Date:** _____

Signature:	Date:
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BAH or OHA Entitlement at Permanent Duty Stations for Spouses in a Uniformed Service - Family-Type Quarters Not Assigned

See Figure 3-9, CG Pay Manual, for complete notes and a more detailed explanation.

Note: You must review the entire table to determine your entitlements. Do NOT pick the first one that most closely resembles your situation. Consult with your Yeoman to ensure that you have selected the correct rule.

R U L E	A	B	C	D		E		F	
	When member A has dependents other than spouse	and member B has dependents other than spouse	and members acquire a child(ren)	and single-type Government quarters are assigned to		then member A is entitled to BAH or OHA as a member		and member B is entitled to BAH or OHA as a member	
				Member A	Member B	With a dependent	Without a Dependent	With a dependent	Without a dependent
1	No	No	No				X		X
2	No	No	No	X	X				
3	No	No	No	X					X
4	No	No	No		X		X		
5	No	No	Yes			X			X
6	No	No	Yes	X	X	X			
7	No	No	Yes	X		X			X
8	No	No	Yes		X	X			
9	Yes	No	No			X			X
10	Yes	No	No	X	X	X			
11	Yes	No	No	X		X			X
12	Yes	No	No		X	X			
13	Yes	No	Yes			X			X
14	Yes	No	Yes	X	X	X			
15	Yes	No	Yes	X		X			X
16	Yes	No	Yes		X	X			
17	Yes	Yes	No			X			X
18	Yes	Yes	No	X	X	X		X	
19	Yes	Yes	No	X		X		X	
20	Yes	Yes	No		X	X		X	
21	Yes	Yes	Yes			X			X
22	Yes	Yes	Yes	X	X	X		X	
23	Yes	Yes	Yes	X		X		X	
24	Yes	Yes	Yes		X	X		X	

When the members jointly occupy family-type quarters, neither member is authorized BAH or OHA, even though other dependents do not reside in the quarters, unless the dependents are prevented by a military order from occupying quarters.

When two members marry, and prior to their marriage one or both members were in receipt of a housing allowance at either the with-dependents rate, the with-dependents based on payment of child support, or the BAH-Diff rate, **on their marriage date all of their dependents (including dependent parents) are considered as one class of dependents for housing allowance purposes.** One member is authorized a with-dependents housing allowance and the other member is authorized a without-dependents housing allowance.

When at least one of the members is an **E3 or below, assigned afloat**, and there are no other dependents, see Figure 3-11 in the Pay Manual.