INDIVIDUAL OVERSEAS HOUSING ALLOWANCE (OHA) REPORT

Before completing, read Privacy Act Statement and Warning on reverse side.

INTERAGENCY REPORT CONTROL NUMBER 0374-DOD-AR

REPORT CONTROL SYMBOL DD-P&R(AR)1697

| PART A - ID | entification a | ND | HOUSING INFORMATION | | | |
|---|------------------------|---|---|----------|--|--|
| 1. SERVICEMEMBER | | 3. SERVICEMEMBER'S RESIDENCE ADDRESS (Street, Apt. No., City, | | | | |
| a. NAME (Last, First, Middle Initial) | | | Country) | | | |
| | | | | | | |
| b. PAY GRADE c. SSN | | 4 | EFFECTIVE DATE OF LEASE/RENTAL/SALE AGREEMENT | - | | |
| 0. 00.1 | | | (YYYYMMDD) | | | |
| d. DUTY STATION OR HOMEPORT | | | · | - | | |
| (1) Station Name | | 1 | IN WHAT CURRENCY IS YOUR RENT OR MORTGAGE PAID? (X (See Instructions on reverse side if you pay rent three or more months in advance.) | one) | | |
| (1) Station Name | | | | | | |
| (0) 011 | | | a. LOCAL CURRENCY (Specify name of currency. Report amount in Item | 16.) | | |
| (2) City | | _ | b. U.S. DOLLARS | | | |
| T | | 6. | X THE APPROPRIATE BOX TO INDICATE WHETHER YOUR RESIDENCE IS LEASED OR OWNED AND GIVE THE MONTHLY | | | |
| (3) Country (4) Duty Phone | | | RENTAL AMOUNT OR THE PURCHASE PRICE IN THE CURRENC YOU SPECIFIED IN QUESTION 5. | <u>Y</u> | | |
| 2. ARE YOU ENTITLED TO A COST-OF-LIVING OR OVERSEAS | | | a. LEASED/RENTED (Enter monthly rent below. If sharing, report | | | |
| HOUSING ALLOWANCE FOR DEPENDENTS RESIDING ELSEWHERE? (X one) | | | TOTAL rent, not your share.) | | | |
| YES (Specify location) | | b. OWNED (Enter original purchase price. Include only cost of home, | | | | |
| NO or NOT APPLICABLE | | | EXCLUDE closing costs, taxes, etc.) | | | |
| l l | SVID OLIESTION 7 | | O CO DIRECTLY TO QUESTION 8 | - | | |
| HOMEOWNERS, SKIP QUESTION 7 A | | | TO DETERMINE IF YOU ARE A "SHARER" FOR HOUSING ALLO | ١٨/. | | |
| 7. UTILITIES (Excluding telephone) (X appropriate block) | | ٥. | ANCE PURPOSES, ENTER AN X IN THE BOX AT LEFT FOR EAC | | | |
| a. I SEPARATELY PAY FOR ALL UTILITIES. NONE ARE IN- | | CATEGORY OF INDIVIDUAL OCCUPYING YOUR RESIDENCE. FOR EACH CATEGORY YOU X, ENTER THE NUMBER REQUESTED IN THE BOX AT RIGHT, THEN RECORD THE TOTAL IN THE BOX AT | | | | |
| CLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD. | | | | | | |
| b. I DO NOT SEPARATELY PAY FOR <u>ANY</u> UTILITIES (excluding telephone). ALL UTILITIES ARE INCLUDED IN RENTAL/LEASE AGREEMENT AND PAID BY LANDLORD. | | | THE BOTTOM. (NOTE: Do not count dependents unless covered by | • | | |
| | | | category c.) | | | |
| | | X | a. MYSELF | 1 | | |
| C. I SEPARATELY PAY FOR SOME UTILITIES (excluding telephone) | | | b. SPOUSE WHO IS ALSO A SERVICEMEMBER (Enter "1") | | | |
| AND SOME ARE INCLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD. (Complete items (1) - (5) below indicating | | | c. SPOUSE OR OTHER DEPENDENT WHO IS A FEDERAL | | | |
| utilities/services of which your landlord provides the MAJORITY.) | | | CIVILIAN EMPLOYEE ENTITLED TO LIVING QUARTERS ALLOWANCE (Enter number) | | | |
| (1) Electricity | | | d. OTHER SERVICEMEMBERS ENTITLED TO A HOUSING | | | |
| (2) Heating | | | ALLOWANCE (Enter number) | | | |
| (3) Air conditioning (X if window units used and landlord | | | e. EXCLUDING DEPENDENTS, ANY OTHERS NOT | | | |
| provides electricity.) | | | e. EXCLUDING DEPENDENTS, ANY OTHERS NOT COVERED ABOVE WHO PAY A PORTION OF THE RENT, MORTGAGE, AND/OR UTILITIES (Enter number) | | | |
| (4) Water or Sewer | | TOTAL (8a through e) (If result exceeds "1", you are considered a | | | | |
| (5) Trash Disposal | | ' | "sharer".) | | | |
| 9. If Block 8.b. or 8.d. is marked, report their full name(s), Social Security | | | , | - | | |
| 7. If block o.b. of o.u. is marked, report their full | | | • | - | | |
| PART B - CERTIFICATIONS | | | | | | |
| 10. SERVICEMEMBER. I certify that: | | 11. HOUSING OFFICER or APPROPRIATE OFFICIAL. | | | | |
| a. The information I have reported is true and co | | I have reviewed and verified the member's lease/rental/sale agreement and information from it was properly reported. | | | | |
| I will immediately inform my commanding officer if any changes occur to the information I have reported. | | | 1 1 3 1 | | | |
| c. The attached copy of my housing lease/rental/sale agreement | | a. | . MIHA/MISCELLANEOUS PAYMENT AUTHORIZED? (X one) | | | |
| (or certification from landlord) is true and correct, if applicable. | | | (1) Yes (2) No. | | | |
| d. I have read the overseas housing allowance briefing sheet | | | Yes, entitlement is: (a) Initial (b) Subsequent | | | |
| provided by my commander or authorized representative, if | | b. | . SIGNATURE C. DATE SIGNE | | | |
| applicable. | |] | (YYYYMMDD | 9 | | |
| e. SIGNATURE | f. DATE SIGNED | | | | | |
| | (YYYYMMDD) | d. | . TITLE | | | |
| | | | | | | |
| 12. CERTIFYING OFFICIAL. I have reviewed this | action and certify the | enti | itlement. If applicable to this action, member has read the overse | eas | | |
| housing allowance briefing sheet and is aware | | | | | | |
| a. TYPE HOUSING ALLOWANCE ACTION (X one) | | b. | MIHA/MISCELLANEOUS ENTITLEMENT (X one) | | | |
| (1) Start (3) Stop | (5) *Cancel | | (1) Initial (2) Subsequent (3) None | | | |
| (2) Change (4) Correct | (6) *Report | C. | EFFECTIVE DATE OF ACTION (YYYYMMDD) | | | |
| | or Air Force use only | | | | | |
| d. DOES MEMBER HAVE COMMAND-SPONSORI | | ٩RF | A OF PERMANENT DUTY (1) Yes (2) N | 0 | | |
| e. SIGNATURE | f. TITLE | ,/ | g. DATE SIGNED | _ | | |
| | | | (YYYYMMDD) | | | |
| | | | (| | | |

PRIVACY ACT STATEMENT

AUTHORITY: 37 USC Section 405, and EO 9397.

PRINCIPAL PURPOSE(S): To determine eligibility for, to start, adjust or terminate Overseas Housing Allowance.

ROUTINE USE(S): In addition to being used by officials and employees of the applicant's Uniformed Service in determining eligibility, the information provided herein may be provided to law enforcement personnel investigating those suspected of fraudulently obtaining allowances. Information may also be disclosed under certain circumstances to other Federal agencies, members of Congress, State and local government, and U.S. and State courts.

DISCLOSURE: Voluntary; however, failure to provide SSN may preclude timely consideration of your request for an allowance determination.

WARNING: Making a false statement or claim against the U.S. 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 five years, or both.

SPECIAL INSTRUCTIONS FOR MEMBERS PAYING THREE OR MORE MONTHS RENT IN ADVANCE

In certain countries it is customary to pay advance rent rather than month-to-month rent. If you pay your rent <u>more than three months in advance</u>, X block 5b. (U.S. Dollars) even though you paid your advance rent in local currency. In <u>Part C</u>, "Remarks," enter the following information:

- (1) "Rent paid ____ months in advance."
- (2) Amount of advance rent (in local currency, if that is how you paid).
- (3) Exchange rate at which you converted your dollars to local currency to pay the advance rent, if applicable.

Compute monthly rent as follows and report in Item 6.a.:

- (1) Divide advance rent by number of months rent paid in advance to determine monthly rent.
- (2) If applicable, convert monthly rent to dollars by dividing by exchange rate at which you converted your dollars to local currency.

Those paying rent in advance should realize that rental ceilings set by the Department of Defense may decrease due to periodic exchange rate fluctuations. Accordingly, their OHA, which is computed as a monthly entitlement, may also decrease during the months when rental payments are not actually being made.

If upon expiration of the advance rental period the member must again pay rent three or more months in advance, another DD Form 2367 must be completed unless the derived rental amount previously reported in Item 6.a. remains unchanged.

PART C - REMARKS