

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.									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">START</td> <td style="width:25%; text-align: center;">CANCEL</td> <td style="width:25%; text-align: center;">CHANGE</td> <td style="width:25%; text-align: center;">REPORT</td> </tr> <tr> <td style="text-align: center;">CORRECT</td> <td style="text-align: center;">STOP</td> <td colspan="2" style="text-align: center;">RECERTIFICATION</td> </tr> </table>		START	CANCEL	CHANGE	REPORT	CORRECT	STOP	RECERTIFICATION		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.			
START	CANCEL	CHANGE	REPORT										
CORRECT	STOP	RECERTIFICATION											
5. DUTY LOCATION (Include Station, Name, City, State, and Zip Code)				6. DATE/ACTION (YYMMDD)	7. BAQ TYPE								
					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">WITH DEPENDENTS</td> <td style="width:50%; text-align: center;">PARTIAL</td> </tr> <tr> <td style="text-align: center;">WITHOUT DEPENDENTS</td> <td></td> </tr> </table>	WITH DEPENDENTS	PARTIAL	WITHOUT DEPENDENTS					
WITH DEPENDENTS	PARTIAL												
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 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	c. Address Information								
(1) Mortgage (PITI) or Rent				(1) Rental/Residential Address:	(1) Landlord's Name and Address:								
(2) Insurance													
(3) Other				(2) Effective Date:	(3) Expiration Date:								
TOTALS				(2) Landlord's Phone No.									
(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									
				16. DATE									

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1. NAME (Last, First, MI)				6. DATE/ACTION (YYMMDD)		7. BAQ TYPE <input type="checkbox"/> WITH DEPENDENTS <input type="checkbox"/> PARTIAL <input type="checkbox"/> WITHOUT DEPENDENTS			
2. SOCIAL SECURITY NUMBER		3. GRADE							
4. TYPE OF ACTION									
START		CANCEL						CHANGE	
CORRECT		STOP		RECERTIFICATION					
5. DUTY LOCATION (Include Station, Name, City, State, and Zip Code)									
8. MARITAL/DEPENDENCY STATUS				9. QUARTERS ASSIGNMENT/AVAILABILITY					
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