

**APPLICATION AND AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE  
FOR QUARTERS (BAQ) OR DEPENDENCY REDETERMINATION**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 37 USC 043, Public Law 96-343, EQ 9397

**PURPOSE:** To start, adjust or terminate military member's entitlement to BAQ

**ROUTINE USE(S):** Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or information on tax deducted, Department of Veteran Affairs for education and group life insurance information, and the Department of Justice for investigating or prosecuting possible violations of the law, the American Red Cross for information concerning the needs of the member or dependents emergency situations, the Air Force to determine needs of a member or dependents in emergency situations and for verification of loan applications, state and local governments for tax and welfare insurance companies for allotment information and financial institutions, for deposits and/or payments.

**DISCLOSURE:** Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of BAQ

<b>PART A - IDENTIFICATION &amp; DUTY LOCATION</b>			<b>HOUSING OFFICE or BILLETING OFFICIAL NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS</b>	
1. NAME (Last, First, MI)			QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE:	
2. SSN	3. GRADE	4. PHONE	ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT #	
5. DUTY LOCATION (Base, State, ZIP Code or Country)			INADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT #	

<b>PART B - MARITAL/DEPENDENT STATUS</b>		TRANSIENT QUARTERS OCCUPIED - UNIT #	
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)		EFFECTIVE DATES FROM: TO:	
MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER		TITLE	
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:		SIGNATURE	
<input type="checkbox"/> DIVORCED _____ <input type="checkbox"/> LEGALLY SEPERATED _____ (Date) (Date)		DATE	

7. NON-CUSTODIAL PARENTS: I PAY  THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR  \$ \_\_\_\_\_ .00 PRE MONTH FOR DEPENDENT SUPPORT  
BASED ON: a.  DIVORCE DECREE b.  COURT ORDER c.  LEGAL SEPARATION AGREEMENT, OR d.  WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN

8. I  CLAIM BAQ FOR THE DEPENDENT  IN  NOT IN MY CUSTODY LISTED BELOW (Effective Date): \_\_\_\_\_  
*Note: Indicate the civilian dependent you are claiming and the relationship (i.e., spouse, legitimate, illegitimate, incapacitated, adopted, step-child or parent) if dependent is a child include the date of birth (DOB)*

(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB

9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING

NAME	SSN	BRANCH OF SERVICE	STATION

**PART C- MEMBERS CERTIFICATION (For members with dependents)**

I certify that I provide adequate support (see AFR 35-18) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAQ, and recouping allowances paid for any prior periods of nonsupport

**CERTIFICATION FOR MEMBERS RECEIVING BAQ FOR SECONDARY DEPENDENTS (Parent, adopted, illegitimate, incapacitated child or step-child)**

I certify that this is my first application  YES  NO If no, give date your last application was filed. \_\_\_\_\_

I understand that my failure to comply with the applicable requirements may result in cancellation of my BAQ. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or false statement in connection with a claim is a maximum fine of \$10,000 or imprisonment for 5 years, or both. I will report any changes of dependent's status or residence, as well as any changes in my housing arrangements immediately to the Accounting and Finance Office (AFO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.

MEMBER'S SIGNATURE	DATE
SIGNATURE	

**OFFICIAL USE ONLY**

<input type="checkbox"/> START	<input type="checkbox"/> CHANGE	<input type="checkbox"/> CANCEL	<input type="checkbox"/> REPORT	<input type="checkbox"/> STOP	<input type="checkbox"/> PARTIAL	<input type="checkbox"/> WITHOUT DEPENDENT	<input type="checkbox"/> WITH DEPENDENT
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**DEPENDENCY DETERMINATION:** I have determined that the above named individual is dependent on the member based on being

Spouse  Single member claiming legitimate child in custody of another  Legitimate child in single members custody  Parents  Stepchild

Adopted Child  Incapacitated Child  Illegitimate child or  Child, member to member marriage

I have determined that the above named individual is not dependent on member or eligible to be a dependent of member. Reasons for disapproval are noted here

I have reviewed documents that support claim that member is E-7 or above and no military necessity requires the member to reside off base.

TITLE OF CERTIFYING OFFICIAL	SIGNATURE	OFFICE ADDRESS	DATE
	SIGNATURE		