



DMNA SAD BAH and COLA Authorization Form (SAD COLA geographical areas are set to DOD CONUS COLA locations)					OPERATION	
1. NAME (Last, First, MI)		2. LAST FOUR OF SSN		3. GRADE		
					JTFES	CPC
					NYNM	STATE
					ADMIN USE ONLY	
4. TYPE OF ACTION BEING REQUESTED START (block 5)      RECERTIFICATION      CHANGE      TRANSFER (block 5)      STOP (block 5)					5. START / STOP / TRANSFER ) ° u-	
6. SAD DUTY LOCATION (Include Unit, City, State, and Zip Code)			7. DEPENDENCY STATUS WITH DEPENDENTS      WITHOUT DEPENDENTS			
8. MARITAL STATUS SINGLE      MARRIED (see (a), (b) & (c))      DIVORCED (see (a), (b), & (c))      LEGALLY SEP° RATED (see (a), (b), & (c))						
(a) DATE OF MARRIAGE, DIVORCE, OR SEP° RATION		(b) IS SPOUSE/FORMER SPOUSE A SM?		(c) ARE THEY RECEIVING BAH?		
9. CHILDREN YES (CUSTODIAL)      YES (NON CUSTODIAL)      NONE						
10. DEPENDENTS (Continue on back if required)						
NAME OF DEPENDENT		RELATIONSHIP	DOB OF CHILDREN	NAME OF DEPENDENT		RELATIONSHIP
						DOB OF CHILDREN
11. SERVICE MEMBER CERTIFICATION I certify all information regarding this authorization is correct. I will notify my SAD and Unit of assignment chains of command of any changes in the information above due to divorce, marriage, death etc, which could affect my BAH and/or COLA allowance. I hereby certify all enclosed documentation is accurate, valid and pertains to my current dependency status.  <b>IMPORTANT:</b> Making a false statement, claim or falsification of documentation will result in the loss of BAH and COLA allowance, possible separation from the SAD mission and may be subject to prosecution as allowable by law. I understand the State has the authority to recoup all monies which have been fraudulently obtained through a false claim and/or false statements in connection with BAH and COLA allowances.  <div>SIGNATURE OF SERVICE MEMBER</div> <div>DATE</div>						
12. MISSION PERSONNEL STAFF I have reviewed the following BAH and COLA packet to ensure it is complete to the best of my knowledge and all the necessary documents are included according to the SAD Payroll procedures.  <div>LAST NAME, FIRST (PLEASE PRINT OR TYPE)</div> <div>SIGNATURE</div> <div>DATE</div>						
13. MNHS REVIEW <div>NOTES:</div> <div>APPROVED</div> <div>DISAPPROVED</div> <div>LAST NAME, FIRST (PLEASE PRINT OR TYPE)</div> <div>SIGNATURE</div> <div>DATE</div>						