ALITHOPIZATION TO START STOR OF CHANGE					PRIVACY ACT STATEMENT								
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)						ORITY:		37 USC 403; Public Law 96-343; EO 9397.					
						CIPLE PURPOS	to ba	To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA).					
1.	NAME (Last, First, MI)	ROUTI	INE USE:	be di	To adjust member's military pay record, information may be disclosed to Army components, such as USAFAC.								
2.	SOCIAL SECURITY NUMBER	3.	GRADE					DOD	component	s; other	federal age	nstallations; to other encies such as IRS,	
			Social Security Administration and VA, GAO, m of Congress; State and local government; US a courts, and various law enforcement agencies.						ment; US and State tagencies. Social				
4.	TYPE OF ACTION	Security Number (SSN) is used for positive identification.											
	START CANCEL	CHAI	NGE	REPORT	DISCLOSURE IS VOLUNTARY: Nondisclosure may result in nonpayment of BAC VHA. Disclosure of your SSN is voluntary. Howe form will not be processed without your SSN be						our SSN because		
	CORRECT STOP	REC	ERTIFICATION	ON	the Army identifies you for pay purposes by your SSN.							oses by your SSN.	
5.	DUTY LOCATION (Include Sta		ATE/ACTION										
						(YYYYMMDD) WITH DEPENDENTS					F	PARTIAL	
								WITHOUT DEPENDENTS					
8.	MAR	ITAL/DEPENDE	NCY STATI	JS	•		9.	9. QUARTERS ASSIGNMENT/AVAILABI				AILABILITY	
	a. SINGLE	b. MARRIED (see blocks (1))				CED (see 1), (2) & (3))		a. ADEQUATE (see block (1))		, [b.	INADEQUATE se blocks (1), (2) & (4))	
	d. LEGALLY SEPARATED		e.	DEPENDEN	•			C. TRANSIENT			\ d.	NOT AVAILABLE	
(1)	(see blocks (1), (2) & (3)			(see blocks				<u> </u>	(see block (3))		2)		
(1)	Spouse SSN (2)						e of Marriage, orce/Separation (1) QUARTE NO.			(2) FAIR RENTAL VALUE \$			
(4)	Child in Custody of: Member	se	Other	(3)	FROM:								
	<i>.</i>				(4)								
(5)	If you check "OTHER" above, pr	•	(Member in grade F7 and DETERN						COMMANDER DETERMINATION				
	(6) If child support received from another military member, complete (1), (2) & (3). (Attached)												
10.	NAME OF DEPENDENT/SH	IADED	ETE CURRE		Continue on bac		• •	DEL	ATIONS	NIID.	DOB OF CHILDREN		
	NAME OF DEPENDENT/SF	INT ADD	RESS (IIICIL	ide Zi	P Code)	REL	ATIONS	опіг	DOB OF CHILDREN				
11.			С	ERTIFICATIO	ON OF D	EPENDENT S	UPPC	ORT	•			1	
	I certify that I can provide, or w dependents may result in stopp	rilling to provide, ping BAQ and re	adequate su ecouping BA	upport for the Q for any prio	above na r periods	amed depende s/nonsupport.	ents. I	am aware t	hat failure to	suppor	t the above	named	
	IAW service regulations. I certi my entitlement thereto for the p		ndency statu	s of my prima	ary deper	ndents, on who	se be	half I am re	ceiving BAQ	, has no	ot changed	so as to affect	
12.		IZED, I AM REQUESTING VHA BASED ON											
	My permanent duty station:		My depender	nt's location:		Both my	perma	anent duty s	station and d	epende	nt's locatior	า.	
a.	Monthly Expenses:	Member		Dependent			e Information		c. Address Infor		ormation		
(1)	Mortgage (PITI) or Rent				(1)	Rental/Resid	dential Address:			(1) L	andlord's N	Name and Address:	
(2)	Insurance												
(3)	Other				(2)	Effective Dat	e: (3	3) Expira	tion Date:	(2) L	andlord's F	Phone No.	
	TOTALS												
					(4)	Number of S						<u> </u>	
marı IMP	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	a maximum ille	, οι ψτο,υου -	14. DAT				OFFICER	S SIGNATU	IRE		16. DATE	

AUTHORIZATION TO START, STOP, OR CHANGE					PRIVACY ACT STATEMENT								
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)						ORITY:		37 USC 403; Public Law 96-343; EO 9397.					
						IPLE PURPOS	to ba	To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA).					
1.	NAME (Last, First, MI)				ROUTI	NE USE:		To a	djust membe	er's milita	ary pay rec	ord, information may such as USAFAC,	
2.	SOCIAL SECURITY NUMBER	3.	GRADE		-			majo DOD	r commands component	s, and ot s; other	ther Army in federal age	nstallations; to other encies such as IRS,	
2.	SOCIAL SECONTT NOMBER				of Co	ongress; Šta	te and lo	ocal govern	/A, GAO, members ment; US and State				
	TYPE OF ACTION	courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification.											
4.		DISCLOSURE IS VOLUNTARY: Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this											
	START CANCEL	CHAN		REPORT	form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN.							our SSN because	
igsqcup	CORRECT STOP		RTIFICATIO		, , , , , , , , , , , , , , , , , , , ,								
5.	DUTY LOCATION (Include Sta	tion, Name, City	, State, and 2	Zip Code)		ATE/ACTION YYYYMMDD)							
							\vdash		WITH DEPENDENTS PARTIAL WITHOUT DEPENDENTS				
8.	ΜΔΡ	ITAL/DEPENDE	NCV STATI	IS			9.						
- -	a. SINGLE	b. MARRIED			DIVORO	· · · · · · · · · · · · · · · · ·				INADEQUATE			
		(see blocks (1),				1), (2) & (3))		' '	ee block (1),) [b. (se	e blocks (1), (2) & (4))	
	d. LEGALLY SEPARATED (see blocks (1), (2) & (3,	I	e.	DEPENDEN (see blocks (c. TRANSIENT (see block (3),			, [d.	NOT AVAILABLE	
(1)	Spouse/Former (2) Spouse SSN	(2) Spouse/Former Spouse Duty Station (3) D					(1)	QUARTERS NO.		(2	2) FAIR VALU	RENTAL E \$	
(4)	Child in Member	Spouse		ormer Spous	<u> </u>	Other	(3)	FROM:		1	ГО:		
	Custody of:	Spouse	onner Spous	e									
(5)	If you check "OTHER" above, pr	repare DD Form	lish depende	ncy.	cy. (4) MEMBER ELECTION COMM						COMMANDER		
(6)	If child support received from an	(Member in grade F7 and DETERMINATION							DETERMINATION				
10.			DEPEND	ENTS/SHARI	ERS (C	Continue on bac						(Ашаспеи)	
	NAME OF DEPENDENT/SH	NT ADD	RESS (Inclu	ıde ZI	P Code)	REL	ATIONS	SHIP	DOB OF CHILDREN				
11.			CI	ERTIFICATIO	N OF D	EPENDENT S	UPPC	ORT					
	I certify that I provide, or am widependents may result in stopp	ill to provide ade ping BAQ and re	quate suppo couping BAC	rt for the abov I for any prior	e name periods	d dependents. /nonsupport.	I am a	aware that	failure to sup	port the	above nar	ned	
	IAW service regulations, I certi my entitlement thereto for the p		ndency status	s of my prima	ry deper	ndents, on who	se bel	half I am re	ceiving BAQ	, has no	ot changed	so as to affect	
12.		E	XPENSES,	IF AUTHORIZ	IZED, I AM REQUESTING VHA BASED ON								
	My permanent duty station:	N	/ly dependen	it's location:		Both my	perma	anent duty s	station and d	epende	nt's locatior	n.	
a.	Monthly Expenses:	Member	[Dependent	b.	Sharer/Leas	e Info	rmation		c. A	Address Info	ormation	
(1)	Mortgage (PITI) or Rent				(1)	Rental/Resid	dential Address:			(1) Landlord's Name and Address:			
(2)	Insurance												
(3)	Other				(2)	Effective Dat	e: (3	3) Expira	tion Date:	(2) L	andlord's F	Phone No.	
	TOTALS												
					(4)	Number of S						<u> </u>	
marr IMP0	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	а шалишин ши	υι ψ10,000 (14. DAT		,		OFFICER	'S SIGNATU	IRE		16. DATE	

AUTHORIZATION TO START, STOP, OR CHANGE					PRIVACY ACT STATEMENT								
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)						ORITY:		37 USC 403; Public Law 96-343; EO 9397.					
						IPLE PURPOS	to ba	To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA).					
1.	NAME (Last, First, MI)				ROUTI	NE USE:		To a	djust membe	er's milita	ary pay rec	ord, information may such as USAFAC,	
2.	SOCIAL SECURITY NUMBER	3.	GRADE		-			majo DOD	r commands component	s, and ot s; other	ther Army in federal age	nstallations; to other encies such as IRS,	
2.	SOCIAL SECONTT NOMBER				of Co	ongress; Šta	te and lo	ocal govern	/A, GAO, members ment; US and State				
	TYPE OF ACTION	courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification.											
4.		DISCLOSURE IS VOLUNTARY: Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this											
	START CANCEL	CHAN		REPORT	form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN.							our SSN because	
igsqcup	CORRECT STOP		RTIFICATIO		, , , , , , , , , , , , , , , , , , , ,								
5.	DUTY LOCATION (Include Sta	tion, Name, City	, State, and 2	Zip Code)		ATE/ACTION YYYYMMDD)							
							\vdash		WITH DEPENDENTS PARTIAL WITHOUT DEPENDENTS				
8.	ΜΔΡ	ITAL/DEPENDE	NCV STATI	IS			9.						
- -	a. SINGLE	b. MARRIED			DIVORO	· · · · · · · · · · · · · · · · ·				INADEQUATE			
		(see blocks (1),				1), (2) & (3))		' '	ee block (1),) [b. (se	e blocks (1), (2) & (4))	
	d. LEGALLY SEPARATED (see blocks (1), (2) & (3,	I	e.	DEPENDEN (see blocks (c. TRANSIENT (see block (3),			, [d.	NOT AVAILABLE	
(1)	Spouse/Former (2) Spouse SSN	(2) Spouse/Former Spouse Duty Station (3) D					(1)	QUARTERS NO.		(2	2) FAIR VALU	RENTAL E \$	
(4)	Child in Member	Spouse		ormer Spous	<u> </u>	Other	(3)	FROM:		1	ГО:		
	Custody of:	Spouse	onner Spous	e									
(5)	If you check "OTHER" above, pr	repare DD Form	lish depende	ncy.	cy. (4) MEMBER ELECTION COMM						COMMANDER		
(6)	If child support received from an	(Member in grade F7 and DETERMINATION							DETERMINATION				
10.			DEPEND	ENTS/SHARI	ERS (C	Continue on bac						(Ашаспеи)	
	NAME OF DEPENDENT/SH	NT ADD	RESS (Inclu	ıde ZI	P Code)	REL	ATIONS	SHIP	DOB OF CHILDREN				
11.			CI	ERTIFICATIO	N OF D	EPENDENT S	UPPC	ORT					
	I certify that I provide, or am widependents may result in stopp	ill to provide ade ping BAQ and re	quate suppo couping BAC	rt for the abov I for any prior	e name periods	d dependents. /nonsupport.	I am a	aware that	failure to sup	port the	above nar	ned	
	IAW service regulations, I certi my entitlement thereto for the p		ndency status	s of my prima	ry deper	ndents, on who	se bel	half I am re	ceiving BAQ	, has no	ot changed	so as to affect	
12.		E	XPENSES,	IF AUTHORIZ	IZED, I AM REQUESTING VHA BASED ON								
	My permanent duty station:	N	/ly dependen	it's location:		Both my	perma	anent duty s	station and d	epende	nt's locatior	n.	
a.	Monthly Expenses:	Member	[Dependent	b.	Sharer/Leas	e Info	rmation		c. A	Address Info	ormation	
(1)	Mortgage (PITI) or Rent				(1)	Rental/Resid	dential Address:			(1) Landlord's Name and Address:			
(2)	Insurance												
(3)	Other				(2)	Effective Dat	e: (3	3) Expira	tion Date:	(2) L	andlord's F	Phone No.	
	TOTALS												
					(4)	Number of S						<u> </u>	
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13.	MEMBER'S SIGNATURE	а шалишин ши	υι ψ10,000 (14. DAT		,		OFFICER	'S SIGNATU	IRE		16. DATE	