<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>NAME (Last, First, MI)</td>
</tr>
<tr>
<td>2</td>
<td>SOCIAL SECURITY NUMBER</td>
</tr>
<tr>
<td>3</td>
<td>GRADE</td>
</tr>
<tr>
<td>4</td>
<td>TYPE OF ACTION</td>
</tr>
<tr>
<td>5</td>
<td>DUTY LOCATION (Include Station, Name, City, State, and Zip Code)</td>
</tr>
<tr>
<td>6</td>
<td>DATE/ACTION (YYMMDD)</td>
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<tr>
<td>7</td>
<td>BAQ TYPE</td>
</tr>
<tr>
<td>8</td>
<td>MARTIAL/DEPENDENCY STATUS</td>
</tr>
<tr>
<td>9</td>
<td>QUARTERS ASSIGNMENT/AVAILABILITY</td>
</tr>
<tr>
<td>10</td>
<td>DEPENDENTS/SHARERS (Continue on back if required)</td>
</tr>
<tr>
<td>11</td>
<td>CERTIFICATION OF DEPENDENT SUPPORT</td>
</tr>
<tr>
<td>12</td>
<td>EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON</td>
</tr>
<tr>
<td>13</td>
<td>MEMBER’S SIGNATURE</td>
</tr>
</tbody>
</table>

**PRIVACY ACT STATEMENT**

**A.**

**Authority:**
37 USC 403; Public Law 96-343; EO 9397.

**B.**

**Principle Purpose:**
To start, adjust or terminate military member’s entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA).

**C.**

**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.

**Disclosure Is Voluntary:**
Non-disclosure may result in non-payment 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.

**DA FORM 5960, SEP 90**

**REPLACES DA FORM 3298, JUL 80 AND DA FORM 5545, JUL 86 WHICH ARE OBSOLETE**

**USAPPC V2.00**
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 my 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.
AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ), AND/OR VARIABLE HOUSING ALLOWANCE (VHA)

For use of this form, see 37-104-3; the proponent agency is ASA (FM)

1. NAME (Last, First, MI)

2. SOCIAL SECURITY NUMBER 3. GRADE

4. TYPE OF ACTION
   START CANCEL CHANGE REPORT
   CORRECT STOP RECERTIFICATION

5. DUTY LOCATION (Include Station, Name, City, State, and Zip Code)

6. DATE/ACTION (YMMDD)

7. BAQ TYPE
   WITH DEPENDENTS PARTIAL
   WITHOUT DEPENDENTS

8. MARTIAL/DEPENDENCY STATUS
   a. SINGLE
   b. MARRIED (see blocks (1), (2) & (3))
   c. DIVORCED (see blocks (1), (2) & (3))
   d. LEGALLY SEPARATED (see blocks (1), (2) & (3))
   e. DEPENDENT CHILD (see blocks (4), (5) & (6))
   f. TRANSIENT (see block (3))
   g. NOT AVAILABLE

(1) Spouse/Former Spouse SSN
(2) Spouse/Former Spouse Duty Station
(3) Date of Marriage, Divorce/Seperation
(4) Child in Custody of:
   Member
   Spouse
   Former Spouse
   Other
(5) If you check "OTHER" above, prepare DD Form 137 to establish dependency.
(6) If child support received from another military member, complete (1), (2) & (3).

9. QUARTERS ASSIGNMENT/AVAILABILITY
   a. ADEQUATE (see block (1))
   b. INADEQUATE (see blocks (1), (2) & (4))
   c. TRANSIENT (see block (3))
   d. NOT AVAILABLE

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
   I certify that I provide, or am willing 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.
   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
   a. Monthly Expenses: Member Dependent
      (1) Mortgage (PTI) or Rent
      (2) Insurance
      (3) Other
      TOTALS
   b. Sharer/Lease Information
      (1) Rental/Residential Address:
      (2) Effective Date:
      (3) Expiration Date:
      (4) Number of Sharers (show name(s) and address in block 10.)
   c. Address Information
      (1) Landlord’s Name and Address:
      (2) Landlord’s Phone No.

13. MEMBER’S SIGNATURE
14. DATE
15. CERTIFYING OFFICER’S SIGNATURE
16. DATE

DA FORM 5960, SEP 90
REPLACES DA FORM 3298, JUL 80 AND DA FORM 5545, JUL 86 WHICH ARE OBSOLETE

USAPPC V2.00