AUTHORIZATION TO START, STOP, OR CHANGE						PRIVACY ACT STATEMENT											
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)							AUTHORITY: PRINCIPLE PURPOSE:				37 USC 403; Public Law 96-343; EO 9397.						
											To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or						
1. NAME (Last, First, MI)								ROUTINE USE:				variable housing allowance (VHA).  To adjust member's military pay record, information may					
						1	JUTIN	E 03E.			be di	sclosed to A	Army c	ompor	nents,	such as	USAFAC, ons; to other
2. SOCIAL SECURITY NUMBER 3. GRADE											DÓD	component	ts; oth	er fede	eral ág	encies si	uch 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					
4.	TYPE OF ACTION					┨											dentification.
4.								SURE IS VOL	.UN	ΓAR	Y: Nonc	lisclosure m Disclosure	nay res	ult in r r SSN	nonpay	yment of intary. Ho	BAQ and/or owever, this
	START CANCEL	С	HANGE		REPORT	╛			form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN.								
	CORRECT STOP	R	RECERTIFIC	CATION	I		, , , , , , , , , , , , , , , , , , , ,										
5. DUTY LOCATION (Include Station, Name, City, State, and Zip Code)								TE/ACTION (MMDD)	7. BAQ TYPE								
							(11	(UUIVIDD)	WITH DEPENDENTS			3		PARTIAL			
										WITHOUT DEPENDENTS							
8.	MAR	ITAL/DEPE	NDENCY S	TATUS			•			9. QUARTERS AS:				NMEN	T/AVA	ILABILIT	Υ
	a. SINGLE		RIED				DIVORCED (see					DEQUATE	,,		b.	INADEC	
	L LEGALLY GERARATER	(see blocks			EDENDE		blocks (1), (2) & (3))			_	•	ee block (1,	))		ļ .		1), (2) & (4))
	d. LEGALLY SEPARATED (see blocks (1), (2) & (3	3))			EPENDEN see blocks	(4),	(5) &	. ,,	L			RANSIENT ee block (3 <sub>)</sub>	))		d.	NOTAV	/AILABLE
(1)	Spouse/Former (2) Spouse SSN	Spouse/Fo	ormer uty Station				of Marr ce/Sep	riage, aration	(1)		UARTE IO.	RS (2) FAIR RENTAL VALUE \$					
(4)	Child in Custody of: Member	Spous	е	For	mer Spou	ıse		Other	(3)	F	ROM:			TO:			
									(4)								
(5)	If you check "OTHER" above, p	nden	ency. MEMBER ELECTION COMM						MANDER								
(6)	(3). (Member in grade E7 and above) DETERMINATION (Attached)																
10.			DEP	ENDEN	NTS/SHAF	RERS	S (C	ontinue on b	ack	if re	quired)						
NAME OF DEPENDENT/SHARER COMPLETE CURRE								NT ADDRESS (Include ZIP Code) RELATIONSHIP DOB OF CHILD							OF CHILDREN		
11.				CER	RTIFICATI	ON (	OF DE	PENDENT S	UPF	POR	Т	l .			!		
	I certify that I provide, or am v									am	aware t	hat failure to	supp	ort the	above	e named	
	dependents may result in sto		'			<u> </u>	•										
	IAW service regulations, I cer my entitlement thereto for the		dependenc	y status	s of my pri	imar	y depe	endents, on v	vhos	se be	ehalf I ar	m receiving	BAQ, I	has no	t chan	ged so a	s to affect
12.			EXPENS	SES, IF	AUTHORI	ZED	ZED, I AM REQUESTING VHA BASED ON										
	My permanent duty station:		My depe	endent's	s location:			Both my	perr	nane	ent duty	station and	depen	dent's	locatio	on.	
a.	Monthly Expenses:	Mem	ber	De	pendent		b.	Sharer/Leas	se In	form	nation		C.	Addre	ss Info	ormation	
(1)	Mortgage (PITI) or Rent								(1) Rental/Residential Address: (1) Landlord's Name						Name and	d Address:	
(2)	Insurance																
(3)	Other						(2)	Effective Dat	e:	(3)	Expira	tion Date:	(2)	Landlo	ord's P	Phone No	).
	TOTALS																
							(4)	Number of S	Shar	ers	(show	name(s) ar	nd add	ress in	block	(10.)	
	ify ALL information regarding the age, death, living in government								O of	any	change	s in the info	rmatio	n abov	e, due	to divor	ce,
IMPO	age, death, living in government DRTANT: Making a false statem ment in connection with claims	ent or claim	against the	US Go	vernment	is p	unisha	able by court			l. The pe	enalty for wil	llfully n	naking	a fals	e claim o	r a false
13.	MEMBER'S SIGNATURE				14. DAT	E	1	5. CERTIF	YIN	G O	FFICER'	S SIGNATU	IRE			16.	DATE

AUTHORIZATION TO START, STOP, OR CHANGE						PRIVACY ACT STATEMENT									
BASIC ALLOWANCE FOR QUARTERS (BAQ),							RITY:	37 USC 403; Public Law 96-343; EO 9397.							
	ND/OR VARIABLE HOU use of this form, see AR 37-104-	<i>A)</i>		PLE PURPOSE	≣:	: To start, adjust or terminate military member's entitlem to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA).									
1.	NAME (Last, First, MI)	F	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								
2.	SOCIAL SECURITY NUMBER		DOD components; Social Security Adm of Congress; State courts, and various						other federal agencies such as IRS, ilnistration and VA, GAO, members and local government; US and State law enforcement agencies. Social						
4.	TYPE OF ACTION									•	, ,			ve identification.	
	START CANCEL	С	CHANGE	REPO	RT	DISCLO	SURE IS VOL	LUNTARY: 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.							
	CORRECT STOP	R	RECERTIFI	CATION		,									
5. DUTY LOCATION (Include Station, Name, City, State, and Zip Code)							ATE/ACTION (YMMDD)	7. BAQ TYPE							
						( )	TIVIIVIDD)	WITH DEPENDENTS			;		PARTIAL		
									WITHOU	Γ DEPENDE	NTS				
8.	MAR	ITAL/DEPEI	NDENCY S	TATUS		9			Q	JARTERS A	SSIGN	IMENT/A	AVAILABI	VAILABILITY	
	a. SINGLE	RIED				ED (see ), (2) & (3))	a. ADEQUATE		11 11		b. INADEQUATE (see blocks (1), (2) & (4))				
		d. LEGALLY SEPARATED [e. DEPE				CHILD	)		c. TF					AVAILABLE	
(1)	(see blocks (1), (2) & (3) Spouse/Former (2)	Spouse/Fo		(see blo	•	,. , ,	` '/'		<u> </u>	(see block (3))					
(1)	Spouse/Former (2) Spouse SSN		uty Station	(3)		ate of Marriage, ivorce/Separation			NO.			(2) FAIR RENTAL VALUE \$			
(4)	Child in Custody of: Member	Spous	e [	Former S	Spouse		Other	(3)	FROM:		٠.	TO:			
(5)	16 1 1 10THED! 1					(4) SAFARER FLECTION COMMAN							014411050		
(5)	If you check "OTHER" above, p	•	•	(Member in grade E7 and						OMMANDER ETERMINATION					
(6)	If child support received from a	notner milit		PENDENTS/S	, , ,	above) (Allached)									
10.	NAME OF DEPENDENT/SH		INT ADDRESS (Include ZIP Code) RELATIONSHIP DOB OF CHILDREN												
	NAIVIE OF DEFENDENT/SP	KKEN							B OF CHILDREN						
			_												
			_												
11.				CERTIFIC	ATION	I OF DI	EPENDENT S	UPP	ORT						
	I certify that I provide, or am v								am aware t	nat failure to	suppo	ort the al	bove nam	ed	
L	dependents may result in sto		<u>'</u>		, ,	•	• • • • • • • • • • • • • • • • • • • •								
	IAW service regulations, I cer my entitlement thereto for the		dependend	cy status of m	y prima	ary dep	endents, on w	hos	e behalf I ar	n receiving l	BAQ, h	as not c	changed s	o as to affect	
12.				*		ZED, I AM REQUESTING VHA BASED ON									
	My permanent duty station:		My dep	endent's locat	ion:		Both my p	perm	anent duty	station and	depend	dent's lo	cation.		
a.	Monthly Expenses:	Mem	ber	Depende	ent				se Information					Information	
(1)	Mortgage (PITI) or Rent					(1)	Rental/Resid	denti	al Address:		(1) I	Landlord	d's Name	and Address:	
(2)	Insurance														
(3)	Other					(2)	Effective Date	e: (	3) Expira	tion Date:	(2) I	Landlord	d's Phone	No.	
	TOTALS														
		<u> </u>				(4)	Number of S	Share	ers (show	name(s) an	d addr	ess in b	lock 10.)		
marr IMP	tify ALL information regarding the iage, death, living in government DRTANT: Making a false statement in connection with claims	quarters etc ent or claim	c, which co against the	uld affect by B e US Governn	AQ or nent is	VHA e punish	ntitlement. able by courts	s-ma	rtial. The pe						
13.	MEMBER'S SIGNATURE	ιο α παχιτήί	an mie or s		DATE	nent ic	15. CERTIF			S SIGNATU	RE			16. DATE	

AUTHORIZATION TO START, STOP, OR CHANGE						PRIVACY ACT STATEMENT									
BASIC ALLOWANCE FOR QUARTERS (BAQ), AND/OR VARIABLE HOUSING ALLOWANCE (VHA)							ORITY:	37 USC 403; Public Law 96-343; EO 9397.							
Fo	use of this form, see AR 37-10		PRIN	CIPLE PURPOS	E:	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)	ROUTINE USE:			To adjust member's military pay record, information may be disclosed to Army components, such as USAFAC,										
2.	SOCIAL SECURITY NUMBER 3. GRADE								DOD Social of Co	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					
4.	TYPE OF ACTION		1			ł			Secu	rity Number	(SSN) i	s used for	positive identification.		
7.	START CANCE	L (	CHANGE	RE	PORT	DISC	OSURE IS VOL	VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because							
	CORRECT STOP	F	RECERTIF	ICATION		1	the Army identifiès you for pay purpós						oses by your SSN.		
5. DUTY LOCATION (Include Station, Name, City, State, and Zip Code)							DATE/ACTION	7. BAQ TYPE							
						'	YYMMDD)	WITH DEPENDENTS				F	PARTIAL		
								WITHOUT DEPEND			NTS				
8.	MA	RITAL/DEPE	NDENCY :	STATUS			9. QUARTERS					SSIGNMENT/AVAILABILITY			
	a. SINGLE		RRIED	11 11			CED (see		11	ADEQUATE (see block (1))		b.	INADEQUATE		
	d. LEGALLY SEPARATE	rs (1), (2) 8		PENDEN		(1), (2) & (3))	H	<u> </u>	RANSIENT	<u>'                                     </u>	d.	e blocks (1), (2) & (4))  NOT AVAILABLE			
	(see blocks (1), (2) &			1	e blocks (				11	ee block (3)	)		NOTAVALEABLE		
(1)	Spouse/Former (2) Spouse SSN							(1)	QUARTE NO.	UARTERS (2) FAIR RENTAL VALUE \$					
(4)	Child in Custody of: Member	Se Other (3) FROM: TO:													
(5)	If you check "OTHER" above	nrenare DD	h denend	dency	dency. (4) MEMBER ELECTION C						COMMANDER				
(6)	If child support received from	(Member in grade E7 and DETERMINA							DETERMINATION						
10.	ii oilila sappoit issoivea iiolii	41104101 111111	•	•		,	(Continue on b						(Attached)		
	NAME OF DEPENDENT/S		NT ADDRESS (Include ZIP Code) RELATIONSHIP DOB OF						DOB OF CHILDREN						
11.			·	CERTI	IFICATIO	N OF	DEPENDENT S	UPP	ORT	•					
	I certify that I provide, or am dependents may result in st					bove named dependents. I am aware that failure to support the above named prior periods/nonsupport.									
	IAW service regulations, I commy entitlement thereto for the		depender	ncy status o	of my prin	mary de	ependents, on v	vhose	e behalf I ar	m receiving E	BAQ, ha	s not chai	nged so as to affect		
12.			EXPEN	ISES, IF AU	JTHORIZ	ZED, I AM REQUESTING VHA BASED ON									
	My permanent duty station:		My dep	pendent's lo	ocation:		Both my	perm	anent duty	station and d	lepende	ent's locati	ion.		
a.	Monthly Expenses:	Mem	nber	Depe	endent	b.	Sharer/Leas	se Inf	ormation		c. A	ddress Inf	ormation		
(1)	Mortgage (PITI) or Rent					(1)	Rental/Resi	denti	al Address:	•	(1) La	Name and Address:			
(2)	Insurance														
(3)	Other					(2)	Effective Dat	e: (3	3) Expira	tion Date: (	(2) La	andlord's	Phone No.		
	TOTALS														
						(4)	Number of S		•	name(s) and					
marı IMP	tify ALL information regarding t iage, death, living in governme ORTANT: Making a false stater ement in connection with claim	by BAQ o ernment i	entitlement. shable by court	s-mar	rtial. The pe				·						
13.	MEMBER'S SIGNATURE			14	. DATE	<u> </u>	15. CERTIF	YING	OFFICER	'S SIGNATUF	RE		16. DATE		