

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 Mil to Mil- W/ Dependants
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 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

PART A - IDENTIFICATION & DUTY LOCATION 1. NAME (Last, First, MI) PUBLIC, JOHN Q 2. SSN 123-45-6789 3. GRADE MSGT 4. PHONE DSN 111-1111 5. DUTY LOCATION (Base, State, ZIP Code or Country) GENERIC AFB, CO, 80000	HOUSING OFFICE or BILLETING OFFICIAL NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE: _____ ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED EFFECTIVE DATE: _____ UNIT # _____ INADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED EFFECTIVE DATE: _____ UNIT # _____ TRANSIENT QUARTERS OCCUPIED - UNIT # _____ EFFECTIVE DATES FROM: _____ TO: _____ TITLE _____ SIGNATURE _____ DATE _____
PART B - MARITAL/DEPENDENT STATUS 6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S) MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> MILITARY MEMBER IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE: PUBLIC, JANE, Q 123-45-6788, USAF, BASE X AFB, YYYYMMDD <input type="checkbox"/> DIVORCED _____ <input type="checkbox"/> LEGALLY SEPERATED _____ (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): **BIRTH 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
PUBLIC, JENNIE Q	123 MAIN ST, BASE X AFB, CO 80000	DAUGHTER	YYYYMMDD

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
PUBLIC, JANE Q	123-45-6788	USAF	BASE X AFB, CO

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. DATE (IF KNOWN) _____
 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 John Q Public (w/et Sig Only) TODAY'S DATE

OFFICIAL USE ONLY

START CHANGE CANCEL REPORT STOP PARTIAL WITHOUT DEPENDENT WITH DEPENDENT

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 SIGNATURE	OFFICE ADDRESS	DATE
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