



BAH RECERTIFICATION GUIDE

FOR INDIVIDUAL RESERVISTS

INTRODUCTION

Individual Reservists are required to certify or re-certify their Basic Allowance for Housing every three years IAW AFMAN 65-116. The following pages contain use-cases for the most common scenarios IRs find themselves in concerning BAH entitlements.

Questions and documentation should be submitted to the HQ RIO Reserve Pay Office via MyPers.

Questions and documentation should be submitted to the HQ RIO Reserve Pay Office:

DSN: 665-0102

Commercial 1-800-525-0102

*** All Submissions must be sent to the RPO with MyPers ***

FORMS AND SUPPORTING DOCUMENTATION

The Air Force Form 594 is the primary document used in certifying/recertifying BAH. It is available in XFDL and PDF format. Documents must be submitted to the HQ RIO Reserve Pay Office with a wet signature

- <https://www.arpc.afrc.af.mil/HQ-RIO/IMA-RPO/>
- https://static.e-publishing.af.mil/production/1/saf_fm/form/af594/af594.pdf

SINGLE, CLAIMING DEPENDENTS

1. Fill out AF 594, following the example below
2. Submit supporting documentation to HQ RIO RPO
 - Youngest child's birth certificate
3. Sample AF 594:

APPLICATION & AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR HOUSING OR RECERTIFICATION OR DEPENDENCY DETERMINATION/REDETERMINATION OR ESM START/STOP FOR MEMBERS ASSIGNED/TERMINATING UNACCOMPANIED PERSONNEL HOUSING			
PRIVACY ACT STATEMENT			
<small>AUTHORITY: 37 USC 403, Public Law 96-343, EG 9397 PURPOSE: To start, adjust or terminate military member's entitlement to BAH or to provide required Entitlement Recertification or Dependency Determination/Redetermination or ESM start/stop for eligible members E6 and below assigned/terminating unaccompanied personnel housing. ROUTINE USE(S): Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or information on tax deducted, Department of Veteran Affairs for education and group life insurance information, and the Department of Justice for investigating or prosecuting 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 BAH</small>			
PART A - IDENTIFICATION & DUTY LOCATION		LOGGING OFFICIAL	
1. NAME (Last, First, MI) PUBLIC, JOHN Q		NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE: _____	
2. SSN 123456789	3. GRADE E-7	4. PHONE DSN 111-1111	ADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT # _____
5A. DUTY LOCATION (Base, State, ZIP Code or Country) GENERIC AFB, CO, 80000		INADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT # _____	
5B. E-MAIL ADDRESS		TRANSIENT QUARTERS OCCUPIED - UNIT # _____ EFFECTIVE DATES FROM: _____ TO: _____	
PART B - MARITAL/DEPENDENT STATUS			
6. <input type="checkbox"/> SINGLE, NO DEPENDENTS <input checked="" type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)		TITLE _____	
MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER		SIGNATURE _____ Click to sign	
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE: _____ _____ _____		DATE _____	
<input type="checkbox"/> DIVORCED (Date) _____ <input type="checkbox"/> LEGALLY SEPARATED (Date) _____			
7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR \$ _____ PER MONTH FOR DEPENDENT SUPPORT BASED ON: a. <input type="checkbox"/> DIVORCE DECREE b. <input type="checkbox"/> COURT ORDER c. <input type="checkbox"/> LEGAL SEPARATION AGREEMENT, OR d. <input type="checkbox"/> WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN			
8. <input checked="" type="checkbox"/> CLAIM BAH FOR THE DEPENDENT <input type="checkbox"/> IN <input type="checkbox"/> NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (Effective Date: _____) <small>Note: Indicate the civilian dependent(s) you are claiming and the relationship (i.e., spouse, minor child, incapacitated child, stepchild or parent). For other than spouse or minor child, see list of potential dependents in Part C below. If dependent(s) is a child, include the date of birth(DOB).</small>			
(b) NAME (Last, First, MI)	(d) ADDRESS, CITY, STATE, ZIP or COUNTRY	(e) RELATIONSHIP	(f) DOB
YOUNGES, CHILD	123 MAIN ST, BASE AFB, CO 80000	DAUGHTER	20021001
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
PART C - MEMBER'S CERTIFICATION (For members with dependents)			
<input checked="" type="checkbox"/> I certify that I provide adequate support (see AFI 36-2906 and JFTR ch 10) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAH, and recouping allowances paid for any prior periods of nonsupport. CERTIFICATION FOR MEMBERS RECEIVING BAH FOR SECONDARY DEPENDENTS (package must be sent to DFAS-IN for determination). (Parents, parents-in-law, stepparents, parents-by-adoption, or in-loco-parents, Students 21 and 22 years of age, Incapacitated children over age 21, or Ward of a court). I certify that this is my first application <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 BAH. 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 3 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 Financial Services Office (FSO). 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 _____	Click to sign		DATE _____

AF Form 594, 20130729

PREVIOUS EDITION IS OBSOLETE

MILITARY MARRIED TO MILITARY

With dependents

1. Fill out AF 594, following the example below
2. Submit supporting documentation to HQ RIO RPO
 - Marriage certificate
 - Youngest child's birth certificate
3. Sample AF 594:

APPLICATION & AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR HOUSING OR RECERTIFICATION OR DEPENDENCY DETERMINATION/REDETERMINATION OR ESM START/STOP FOR MEMBERS ASSIGNED/TERMINATING UNACCOMPANIED PERSONNEL HOUSING			
PRIVACY ACT STATEMENT			
<small>AUTHORITY: 37 USC 403, Public Law 96-343, EQ 5397 PURPOSES: To start, adjust or terminate military member's entitlement to BAH or to provide required Entitlement Recertification or Dependency Determination/Redetermination or ESM start/stop for eligible members E6 and below assigned/terminating unaccompanied personnel housing. ROUTINE USE(S): Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or information on tax deducted, Department of Veteran Affairs for education and group life insurance information, and the Department of Justice for investigating or prosecuting 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 BAH</small>			
PART A - IDENTIFICATION & DUTY LOCATION		LOGGING OFFICIAL	
1. NAME (Last, First, MI) PUBLIC, JOHN Q		NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE: _____	
2. SSN 123456789	3. GRADE E-7	4. PHONE DSN 111-1111	TERMINATED UNIT # _____
5A. DUTY LOCATION (Base, State, ZIP Code or Country) GENERIC AFB, CO, 80000		ADEQUATE QUARTERS EFFECTIVE DATE <input type="checkbox"/> ASSIGNED <input type="checkbox"/> UNIT # _____	TERMINATED UNIT # _____
5B. E-MAIL ADDRESS		INADEQUATE QUARTERS EFFECTIVE DATE <input type="checkbox"/> ASSIGNED <input type="checkbox"/> UNIT # _____	TERMINATED UNIT # _____
PART B - MARITAL/DEPENDENT STATUS		TRANSIENT QUARTERS OCCUPIED - UNIT # _____	
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 121-45-6789, USAF, BASE X AFB, YYYYMMDD		EFFECTIVE DATES FROM: _____ TO: _____	
<input type="checkbox"/> DIVORCED <input type="checkbox"/> LEGALLY SEPARATED		SIGNATURE Click to sign	
7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR <input type="checkbox"/> \$ _____ PER MONTH FOR DEPENDENT SUPPORT BASED ON: a. <input type="checkbox"/> DIVORCE DECREE b. <input type="checkbox"/> COURT ORDER c. <input type="checkbox"/> LEGAL SEPARATION AGREEMENT, OR d. <input type="checkbox"/> WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN		DATE Click to sign	
8. I <input checked="" type="checkbox"/> CLAIM BAH FOR THE DEPENDENT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (REVEAL CWI): CHILD'S DOD			
<small>Note: Indicate the civilian dependent(s) you are claiming and the relationship (i.e., spouse, minor child, incapacitated child, stepchild or parent). For other than spouse or minor child, see list of potential dependents in Part C below. If dependent(s) is a child, include the date of birth(DOB).</small>			
(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP OR COUNTRY	(c) RELATIONSHIP	(d) DOB
YOUNGEST, CHILD	123 MAIN ST, BASE AFB, CO 80000	DAUGHTER	20021001
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	123-45-6789	USAF	BASE X AFB CO
PART C - MEMBER'S CERTIFICATION (For members with dependents)			
<input checked="" type="checkbox"/> I certify that I provide adequate support (see AFI 36-2906 and JFTR ch 10) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAH, and recouping allowances paid for any prior periods of nonsupport. CERTIFICATION FOR MEMBERS RECEIVING BAH FOR SECONDARY DEPENDENTS (package must be sent to DFAS-IN for adjudication). (Parents, parents-in-law, stepparents, parents-by-adoption, or in-loco-parentis, Students 21 and 22 years of age, incapacitated children over age 21, or Ward of a court). I certify that this is my first application <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 BAH. 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 Financial Services Office (FSO). 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 Click to sign			DATE

Without dependents

1. Fill out AF 594, following the example below
2. Submit supporting documentation to HQ RIO RPO
 - Marriage certificate
3. Sample Air Force Form 594:

APPLICATION & AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR HOUSING OR RECERTIFICATION OR DEPENDENCY DETERMINATION/REDETERMINATION OR ESM START/STOP FOR MEMBERS ASSIGNED/TERMINATING UNACCOMPANIED PERSONNEL HOUSING			
PRIVACY ACT STATEMENT			
<small>AUTHORITY: 37 USC 402, Public Law 96-342, EQ 9297 PURPOSE: To start, adjust or terminate military member's entitlement to BAH or to provide required Entitlement Recertification or Dependency Determination/Redetermination or ESM start/stop for eligible members E6 and below assigned/terminating unaccompanied personnel housing. ROUTINE USE(S): Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or information on tax deducted, Department of Veteran Affairs for education and group life insurance information, and the Department of Justice for investigating or prosecuting 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 BAH</small>			
PART A - IDENTIFICATION & DUTY LOCATION		LOGGING OFFICIAL	
1. NAME (Last, First, MI) PUBLIC, JOHN Q	3. GRADE E-7	4. PHONE DSN 111-1111	NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE: _____
2. SSN 123456789	5A. DUTY LOCATION (Base, State, ZIP Code or Country) GENERIC AFB, CO, 80000		ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/> EFFECTIVE DATE: _____ UNIT # _____
5B. E-MAIL ADDRESS		INADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/> EFFECTIVE DATE: _____ UNIT # _____	
PART B - MARITAL/DEPENDENT STATUS		TRANSIENT QUARTERS OCCUPIED - UNIT # _____ EFFECTIVE DATES FROM: _____ TO: _____	
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 WEDDING: PUBLIC, JANE, Q 123-45-6789, USAF, BASE X AFB, YYYYMMDD		TITLE _____ SIGNATURE _____ DATE _____	
<input type="checkbox"/> DIVORCED _____ (date) <input type="checkbox"/> LEGALLY SEPARATED _____ (date)		Click to sign	
7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR <input type="checkbox"/> \$ _____ PER MONTH FOR DEPENDENT SUPPORT BASED ON: a <input type="checkbox"/> DIVORCE DECREE b <input type="checkbox"/> COURT ORDER c <input type="checkbox"/> LEGAL SEPARATION AGREEMENT, OR d <input type="checkbox"/> WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN			
8. I <input checked="" type="checkbox"/> CLAIM BAH FOR THE DEPENDENT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (Effective Date: MARRIAGE DATE) Note: Indicate the civilian dependent(s) you are claiming and the relationship (i.e., spouse, minor child, incapacitated child, stepchild or parent). For other than spouse or minor child, see list of potential dependents in Part C below. If dependent(s) 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
SPOUSE, NAME	123 MAIN ST, BASE AFB, CO 80000	SPOUSE	YYYYDDMM
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
PART C: MEMBER'S CERTIFICATION (For members with dependents)			
<input checked="" type="checkbox"/> I certify that I provide adequate support (see AFI 36-2806 and JFTR ch 10) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAH, and recouping allowances paid for any prior periods of nonsupport			
CERTIFICATION FOR MEMBERS RECEIVING BAH FOR SECONDARY DEPENDENTS (package must be sent to DFAS-IN for determination)			
(Parents, parents-in-law, stepparents, parents-by-adoption, or in-loco-parentis, Students 21 and 22 years of age, Incapacitated children over age 21, or Ward of a court)			
I certify that this is my first application <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 BAH. 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 Financial Services Office (FSO). 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 _____
Click to sign			

AF Form 594, 20130729

PREVIOUS EDITION IS OBSOLETE

DIVORCED

Custodial dependency

1. Fill out AF 594, following the example below
2. Submit supporting documentation to HQ RIO RPO
 - Divorce decree showing custody (notarized and signed copy)
 - Youngest child's birth certificate
3. Sample AF 594:

APPLICATION & AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR HOUSING OR RECERTIFICATION OR DEPENDENCY DETERMINATION/REDETERMINATION OR ESM START/STOP FOR MEMBERS ASSIGNED/TERMINATING UNACCOMPANIED PERSONNEL HOUSING			
PRIVACY ACT STATEMENT			
<small>AUTHORITY: 37 USC 403, Public Law 96-343, EO 9397 PURPOSE: To start, adjust or terminate military member's entitlement to BAH or to provide required Entitlement Recertification or Dependency Determination/Redetermination or ESM start/stop for eligible members E5 and below assigned/terminating unaccompanied personnel housing. ROUTINE USE(S): Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or information on law deducted, Department of Veterans Affairs for education and group life insurance information, and the Department of Justice for investigating or prosecuting 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 BAH.</small>			
PART A - IDENTIFICATION & DUTY LOCATION		LOGGING OFFICIAL	
1. NAME (LAST, FIRST, MI) PUBLIC, JOHN Q	3. GRADE	4. PHONE	NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE: _____
2. SSN 123456789	E-7	DSN 111-1111	ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/> EFFECTIVE DATE: _____
5A. DUTY LOCATION (Base, State, ZIP Code or Country) GENERIC AFB, CO, 80000			INADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/> EFFECTIVE DATE: _____
5B. E-MAIL ADDRESS			TRANSIENT QUARTERS OCCURRED - UNIT # _____ EFFECTIVE DATES FROM: _____ TO: _____
PART B - MARITAL/DEPENDENT STATUS			TITLE
6. <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)			
MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER			
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:			SIGNATURE
<input checked="" type="checkbox"/> DIVORCED YYYYMMDD _____ <input type="checkbox"/> LEGALLY SEPARATED _____			DATE
7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR <input type="checkbox"/> \$ _____ PER MONTH FOR DEPENDENT SUPPORT BASED ON: a. <input type="checkbox"/> DIVORCE DECREE b. <input type="checkbox"/> COURT ORDER c. <input type="checkbox"/> LEGAL SEPARATION AGREEMENT, OR d. <input type="checkbox"/> WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN			
8. <input checked="" type="checkbox"/> CLAIM BAH FOR THE DEPENDENT <input type="checkbox"/> NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (Effective Date: _____) DATE IF DECREE _____			
<small>Note: Indicate the civilian dependent(s) you are claiming and the relationship (i.e., spouse, minor child, incapacitated child, stepchild or parent). For other than spouse or minor child, see list of potential dependents in Part C below. If dependent(s) is a child, include the date of birth (DOB).</small>			
(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB
CHILD'S NAME	123 MAIN ST, BASE AFB, CO 80000	DAUGHTER	YYYYDDMM
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
PART C - MEMBER'S CERTIFICATION (For members with dependents)			
<input checked="" type="checkbox"/> I certify that I provide adequate support (see AFI 36-2906 and JFTR ch 10) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAH, and recouping allowances paid for any prior periods of non-support.			
CERTIFICATION FOR MEMBERS RECEIVING BAH FOR SECONDARY DEPENDENTS (package must be sent to DFAS-4N for determination)			
<small>(Parents, parents-in-law, stepparents, parents-by-adoption, or in-loco-parentis, Students 21 and 22 years of age, Incapacitated children over age 21, or Ward of a court.)</small>			
I certify that this is my first application <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. If no, give date your last application was filed. DATE IF KNOWN _____			
<small>I understand that my failure to comply with the applicable requirements may result in cancellation of my BAH. 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 Financial Services Office (FSO). 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.</small>			
MEMBER'S SIGNATURE			DATE

AF Form 594, 20130729

PREVIOUS EDITION IS OBSOLETE

Non-custodial dependency

1. Fill out AF 594, following the example below
2. Submit supporting documentation to HQ RIO RPO
 - Divorce decree showing child support amount (notarized and signed copy)
 - Youngest child's birth certificate
3. Sample AF 594:

APPLICATION & AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR HOUSING OR RECERTIFICATION OR DEPENDENCY DETERMINATION/REDETERMINATION OR ESM START/STOP FOR MEMBERS ASSIGNED/TERMINATING UNACCOMPANIED PERSONNEL HOUSING			
PRIVACY ACT STATEMENT			
<small>AUTHORITY: 37 USC 403, Public Law 96-343, EQ 9397 PURPOSE: To start, adjust or terminate military member's entitlement to BAH or to provide required Entitlement Recertification or Dependency Determination/Redetermination or ESM start/stop for eligible members E6 and below assigned/terminating unaccompanied personnel housing. ROUTINE USE(S): Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or information on tax deducted, Department of Veterans Affairs for education and group life insurance information, and the Department of Justice for investigating or prosecuting 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 BAH</small>			
PART A - IDENTIFICATION & DUTY LOCATION		LOGGING OFFICIAL	
1. NAME (Last, First, MI) PUBLIC, JOHN Q		NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE: _____	
2. SSN 123456789	3. GRADE E-7	4. PHONE DSN 111-1111	ADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT # _____
5A. DUTY LOCATION (Base, State, ZIP Code or Country) GENERIC AFB, CO, 80000		INADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT # _____	
5B. E-MAIL ADDRESS		TRANSIENT QUARTERS OCCUPIED - UNIT # _____	
		EFFECTIVE DATES FROM: _____ TO: _____	
PART B - MARITAL/DEPENDENT STATUS		TITLE	
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)			
MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER		SIGNATURE	
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:		<input type="text"/> Click to sign	
		DATE	
<input checked="" type="checkbox"/> DIVORCED <u>YYYYMMDD</u> <input type="checkbox"/> LEGALLY SEPARATED			
7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR <input type="checkbox"/> \$ <u>XXXX</u> .00 PER MONTH FOR DEPENDENT SUPPORT BASED ON: <input type="checkbox"/> DIVORCE DECREE <input type="checkbox"/> COURT ORDER <input type="checkbox"/> LEGAL SEPARATION AGREEMENT, OR <input type="checkbox"/> WRITTEN AGREEMENT WITH CHILDS CUSTODIAN			
8. I <input checked="" type="checkbox"/> CLAIM BAH FOR THE DEPENDENT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (Effective Date: <u>DATE IF DECREE</u>) <small>Note: Indicate the civilian dependent(s) you are claiming and the relationship (i.e., spouse, minor child, incapacitated child, stepchild or parent). For other than spouse or minor child, see list of potential dependents in Part C below. If dependent(s) is a child, include the date of birth(DOB).</small>			
(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB
CHILDS, NAME	123 MAIN ST, BASE AFB, CO 80000	DAUGHTER	YYYYDDMM
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
PART C - MEMBER'S CERTIFICATION (For members with dependents)			
<input checked="" type="checkbox"/> I certify that I provide adequate support (see AFI 36-2906 and JFTR ch 10) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAH, and recouping allowances paid for any prior periods of nonsupport			
CERTIFICATION FOR MEMBERS RECEIVING BAH FOR SECONDARY DEPENDENTS (package must be sent to DFAS-IN for determination)			
<small>(Parents, parents-in-law, stepparents, parents-by-adoption, or in-loco-parents, Students 21 and 22 years of age, Incapacitated children over age 21, or Ward of a court).</small>			
I certify that this is my first application <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If no, give date your last application was filed. <u>DATE IF KNOWN</u>			
<small>I understand that my failure to comply with the applicable requirements may result in cancellation of my BAH. 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 Financial Services Office (FSO). 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.</small>			
MEMBER'S SIGNATURE		DATE	
<input type="text"/>		<input type="text"/>	
		Click to sign	

AF Form 394, 20130729

PREVIOUS EDITION IS OBSOLETE

LEGALLY SEPARATED

1. Fill out AF 594, following the example below
2. Submit supporting documentation to HQ RIO RPO
 - Legal separation decree
 - Youngest child's birth certificate (if applicable)
 - FSO will seek legal review from SJA and make determination of entitlements
3. Sample AF 594:

APPLICATION & AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR HOUSING OR RECERTIFICATION OR DEPENDENCY DETERMINATION/REDETERMINATION OR ESM START/STOP FOR MEMBERS ASSIGNED/TERMINATING UNACCOMPANIED PERSONNEL HOUSING			
PRIVACY ACT STATEMENT			
<small>AUTHORITY: 37 USC 403, Public Law 96-343, EQ 9397 PURPOSE: To start, adjust or terminate military member's entitlement to BAH or to provide required Entitlement Recertification or Dependency Determination/Redetermination or ESM start/stop for eligible members ES and below assigned/terminating unaccompanied personnel housing. ROUTINE USE(S): Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or information on tax deducted, Department of Veteran Affairs for education and group life insurance information, and the Department of Justice for investigating or proceeding 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 BAH</small>			
PART A - IDENTIFICATION & DUTY LOCATION		LOGGING OFFICIAL	
1. NAME (Last, First, MI) PUBLIC, JOHN Q		NON AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE	
2. SSN 123456789	3. GRADE E-7	4. PHONE DSN 111-1111	ADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/> UNIT #
5A. DUTY LOCATION (Base, State, ZIP Code or Country) GENERIC AFB, CO, 80000		INADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/> UNIT #	
5B. E-MAIL ADDRESS		TRANSIENT QUARTERS OCCUPIED - UNIT #	
PART B - MARITAL/DEPENDENT STATUS		EFFECTIVE DATES FROM: TO:	
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)		TITLE	
MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER		SIGNATURE	
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> LEGALLY SEPARATED <input type="text"/> YYYTMMDD		DATE	
<small>(Date) (Date)</small>		<input type="text"/> <input type="text"/> <input type="text"/>	
7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR \$ <input type="text"/> PER MONTH FOR DEPENDENT SUPPORT BASED ON: a. <input type="checkbox"/> DIVORCE DECREE b. <input checked="" type="checkbox"/> COURT ORDER c. <input type="checkbox"/> LEGAL SEPARATION AGREEMENT, OR d. <input type="checkbox"/> WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN <input type="checkbox"/> DATE OF WRITTEN AGREEMENT			
8. I <input checked="" type="checkbox"/> CLAIM BAH FOR THE DEPENDENT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (effective date): <input type="text"/> <small>Note: Indicate the civilian dependent(s) you are claiming and the relationship (i.e., spouse, minor child, incapacitated child, stepchild or parent). For other than spouse or minor child, see list of potential dependents in Part C below. If dependent(s) is a child, include the date of birth(DOB).</small>			
(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY	(c) RELATIONSHIP	(d) DOB
CHILD'S NAME	123 MAIN ST, BASE AFB, CO 80000	DAUGHTER	YYYYDDMM
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
PART C - MEMBER'S CERTIFICATION (For members with dependents)			
<input checked="" type="checkbox"/> I certify that I provide adequate support (see AFJ 36-206 and JFTR ch 10 for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAH, and recouping allowances paid for any prior periods of nonsupport.			
CERTIFICATION FOR MEMBERS RECEIVING BAH FOR SECONDARY DEPENDENTS (package must be sent to DFAS-IN for determination).			
<small>(Parents, parents-in-law, stepparents, parents-by-adoption, or in-loco-parentis, Students 21 and 22 years of age, incapacitated children over age 21, or Ward of a court).</small>			
I certify that this is my first application <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If no, give date your last application was filed. DATE IF KNOWN <input type="text"/>			
I understand that my failure to comply with the applicable requirements may result in cancellation of my BAH. 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 Financial Services Office (FSO). 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 <input type="text"/>			DATE
<input type="text"/>			<input type="text"/>
<small>Click to sign</small>			

• AFMAN 65-116 V3

13.9. BAH Entitlement Recertification.

13.9.1. Reserve Pay Office's will perform triennial (every 3 years) recertification of with-dependent BAH for all members assigned to their supported units **(T-0)**. Beginning in January 2014, every 3 years (i.e. January 2017, January 2020, etc.), the Reserve Pay Office will prepare and forward a listing of all members entitled to with-dependent BAH to their supported unit commanders **(T-0)**.

13.9.2. Members are required to recertify with-dependent BAH every three years or upon change of their servicing Reserve Pay Office within the same month of arrival at that location and are subject to that supporting Reserve Pay Office's triennial recertification schedule.

13.9.3. The member must submit a signed "wet signature" AF Form 594 to the new Reserve Pay Office in order to recertify the with-dependent BAH entitlement **(T-1)**. The Reserve Pay Office compares the new AF Form 594 to the DJMS-RC Housing Master Record. When the dependency status has changed upon review of the supporting documentation, the Reserve Pay Office certifies the AF Form 594 and updates the BAH entitlement.

13.9.4. Reserve Pay Office responsibilities (recertification not accomplished or received after the suspense date).

13.9.4.1. The Reserve Pay Office provides a listing to the unit. The member must provide an AF Form 594 to the Reserve Pay Office within 60 days from the date it was sent to the unit **(T-0)**. When the member does not recertify within 60 days, the Reserve Pay Office will initiate collection action to recoup with-dependent BAH retroactive to the member's last recertification date **(T-0)**.