

BAH RECERTIFICATION GUIDE

FOR INDIVIDUAL RESERVISTS

INTRODUCTION

Individual Reservists may, from time to time, need to certify or recertify their Basic Allowance for Housing. 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:

DSN: 847-3711

Commercial 720-847-3711

Fax: 720-847-3960

Email: Arpc.riorpo.1@us.af.mil

Mailing Address:

HQ RIO/IRO

Attn: Reserve Pay Office

18420 E. Silver Creek Ave.

Bldg. 390, MS68

Buckley AFB, CO 80011

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. The below excerpt from AFMAN 65-116 V1 governs Basic Allowance for Housing.

- AF 594 (PDF)
- <u>AFMAN 65-116</u> V1

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 AND AUT FOR QUAR	THORIZATION TO START, TERS (BAQ) OR DEPENDE	STOP OR CH	ANGE BASIC A	LLOWA	NCE
AUTHORITY: 37 USC 043, Public Law 96-343, E PURPOSE: To start, adjust or terminate military ROUTINE USE(S); Information may be disclosed lax deducted, Department of Veteran Affairs for e possible violations of the law, the American Red to determine needs of a member or dependents is	Q 9397 PRIVACY ACT STATI nember's entitlement to BAQ to the Internal Revenue Service for ducation and group life insurance in Cross for information concerning the emergency situations and for variety	Single tax information on a formation, and the eneeds of the men	e - W/Depend members Social Se Department of Just	ecurity Adn	estigating or prosecuting
insurance companies for allotment information an	d financial institutions, for deposits	and/or payments.	- satione, state and i	ocai govei	illients for tax and wellare
DISCLOSURE: Voluntary. However, failure to pro PART A - IDENTIFICATION & DI	ITY LOCATION				
1. NAME (Last, First, MI) PUBLIC, JOHN Q	TT LOCATION	NON-AVAILA		NT/TERM	INATION OF QUARTERS
2. SSN 3. GRAD	E 4. PHONE		NOT ASSIGNED	DATE:	
123-45-6789 MSGT 5. DUTY LOCATION (Base, State, ZIP Code or County)	DSN 111-1111	ADEQUATE QUA EFFECTIVE DAT	E: ASSIGN		RMINATED UNIT #
GENERIC AFB, CO, 80000		INADEQUATE QUEFFECTIVE DAT	JARTERS ASSIG	NED T	ERMINATED UNIT #
PART B - MARITAL/DEPENDE	NT STATUS	TRANSIENT QUA	ARTERS OCCUPIED	- UNIT #	ONT #
6 SINGLE, NO DEPENDENTS SINGL	E, CLAIMING DEPENDENT(S)	EFFECTIVE DAT	ES FROM:		TO:
MARRIED - SPOUSE IS A CIVILIAN MIL	TARY MEMBER	TITLE			
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF S		SIGNATURE			
OF MARRIAGE:		SIGNATURE			
DIVORCED	LY SEPERATED	DATE			
(Date)	(Date)				
7. NON-CUSTODIAL PARENTS: I PAY THE FUL	L AMOUNT OF WITH-DEPENDENT F	RATE BAQ, OR	\$.00 PR	E MONTH I	FOR DEPENDENT SUPPORT
BASED ON: a. DIVORCE DECREE b. CO	DURT ORDER C. LEGAL SEPARA	ATION AGREEMENT	OR d. WRITTE	N AGREEN	MENT WITH CHILD'S
8. I 🔀 CLAIM BAQ FOR THE DEPENDENT 🔀 IN	NOT IN MY CUSTODY LISTED	BELOW (Effective)	CUSTO	DIAN	
Note: Indicate the civilian dependent you are claim	ning and the relationship (i.e. spou	se, legitimate, illeg	itimate_incapacitate	ed adonted	sten-child or parent) if
dependent is a child include the date of birth (DOI	5)				, stop time of parenty if
(a) NAME (Last, First, MI) PUBLIC, JANE, Q	(b) ADDRESS, CITY, STATE, ZI		(c) RELATIONS	SHIP	(d) DOB
POBLIC, JANE, Q	123 MAIN ST, BASE X AF	B, CO 80000	DAUGHTER		20021001
9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOS	E PARENT IS A MILITARY MEMBER	OR THE SPOUSE O	E A MEMBER RROW	DE THE EO	LL OWNER
NAME	SSN SSN	BRANCH	F SERVICE	DE THE FO	STATION
I cortify that I provide adequate avenue (as a	PART C- MEMBERS CERTIFICATION	For members with	dependents)		
I certify that I provide adequate support (see A named dependents will result in stopping BAQ, CERTIFICATION FOR MEMBERS RECEIVING BAC I certify that this is my first application I understand that my failure to comply with the	and recouping allowances paid for FOR SECONDARY DEPENDENTS (P. ES NO If no, give date your I	any prior periods of arent, adopted, ille ast application was	f nonsupport gitimate incanacital s filed DATE (IF	ted child o	sten-child) N)
statement or claim against the US Governmen connection with a claim is a maximum fine of \$ well as any changes in my housing arrangeme appropriate requirements may cause involunta	t is punishable by court martial and 10,000 or imprisonment for 5 years nts immediately to the Accounting a	that the penalty fo i, or both. I will rep and Finance Office	r willfully making a r ort any changes of c (AEO) Lalso under	false claim dependent' stand that	or false statement in s status or residence, as my failure to comply with
MEMBER'S SIGNATURE	TI 1 011	1111-		1	DATE
SIGNATURE	John Q Public	Wet Sig.	nature Onle	1)	TODAY'S DATE
	OFFICIAL USE O	NLY			
START CHANGE CANCEL	REPORT STOP	PARTIAL	☐ WITHOUT DE		WITH DEPENDENT
DEPENDENCY DETERMINATION: I have determin Spouse Single member claiming legitimate	ed that the above named individual is	dependent on the n	nember based on bei	ng	uto C Stanabii
Adopted Child Incapacitated Child III	egitimate child or Child member	er to member massis	ne members custody	☐ Parer	its Stepchild
I have determined that the above named included here	ividual is not dependent on membe	r or eligible to be a	dependent of mem.	ber. Reaso	ons for disapproval are
I have reviewed documents that support cla	m that member is E-7 or above and	no military neces:	sity requires the me	mber to res	side off base.
TITLE OF CERTIFYING OFFICIAL	SIGNATURE		OFFICE ADDRES		DATE
AF Form 504 NOV 00	SIGNATUR BREVIOUS EDITION IS	NE.			

MARRIED TO CIVILIAN

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

APPLICATION AND A	UTH	ORIZATION TO START	STOP OR CH	ANGE BASIC	ALL 014	MANOE
. 011 407	WILL	NO (BAQ) OR DEPENL	PENCY REDET	ERMINATION	ALLOW	ANCE
AUTHORITY: 37 USC 043, Public Law 96-345 PURPOSE: To start, adjust or terminate mitta ROUTINE USE(S): Information may be disclos lax deducted, Department of Veteran Affairs fo possible violations of the law, the American Re to determine needs of a member or dependent INSURFANCE COMPANIES OF AUTHORITY (September 1997).	, EQ 9 ry men ed to to r educa ed Cros s in em	397 PRIVACY ACT STA hber's entitlement to BAQ he Internal Revenue Service fi ation and group life insurance as for information concerning to tergency situations and for ver-	TEMENT or tax information o information, and the needs of the medication of loan apprince to the temporal temp	Married to C n members Social S e Department of Ju- mber or dependent plications, state and	Security Ac stice for in s emergen	vestigating or prosecuting cy situations, the Air Force
DISCLOSURE: Voluntary. However, failure to p PART A - IDENTIFICATION &	ovide	all Information including Social	al Security Number	(SSN) may result in	nonpayme	ent of BAQ
I. NAME (Last, First, MI)	DUIT	LOCATION	NON-AVAII	HOUSING OFFICE	or BILLE	TING OFFICIAL MINATION OF QUARTERS
PUBLIC, JOHN Q 2. SSN 3. GE			QUARTERS AR	E NOT ASSIGNED	DATE:	MINATION OF QUARTERS
0.00		4. PHONE	ADEQUATE QUA	ARTERS		
123-45-6789 MSC 5. DUTY LOCATION (Base, State, ZIP Code or Co		DSN 111-1111	EFFECTIVE DAT	E: ASSIG	NED 🗌 T	ERMINATED UNIT #
GENERIC AFB, CO, 80000	untry)		INADEQUATE C	UARTERS ASSI	GNED [TERMINATED
PART B - MARITAL/DEPENI	DENT S	STATUS	EFFECTIVE DAT	ARTERS OCCUPIE		UNIT #
6 SINGLE, NO DEPENDENTS SING			EFFECTIVE DAT) - UNIT #	
MARRIED - SPOUSE IS A CIVILIAN N		SAMINO DEFENDENT(S)	TITLE	LOTAGIN.		TO:
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF	OFDI	Y MEMBER				
OF MARRIAGE:	SERVI	CE, STATION AND DATE	SIGNATURE			
DIVORCED LEG	ALLY S	SEPERATED	DATE			
(Date)	rama ma	(Date)				
7. NON-CUSTODIAL PARENTS: I PAY THE F BASED ON: a. DIVORCE DECREE b.	ULL AN	ONT OF WITH-DEPENDENT ORDER C. LEGAL SEPAR	RATE BAQ, OR	\$00 PF	RE MONTH	FOR DEPENDENT SUPPORT
0.1 🔀 0.1111				CUSTO	EN AGREE DDIAN	MENT WITH CHILD'S
8. I CLAIM BAQ FOR THE DEPENDENT	IN _	NOT IN MY CUSTODY LISTED	BELOW (Effective	Date): MARRIA	GE DAT	E
Note: Indicate the civilian dependent you are cla dependent is a child include the date of birth (Di		and the relationship (i.e., spou	ise, legitimate, illeg	itimate, incapacitat	ed, adopte	d, step-child or parent) if
(a) NAME (Last, First, MI)	7	(b) ADDRESS, CITY, STATE, Z				
PUBLIC, JANE, Q	12	23 MAIN ST, BASE X AI		(c) RELATION SPOUSE	SHIP	(d) DOB
		, -, 100 1111	B, CO 00000	SPOUSE		19700501
9. IF DEPENDENT NAMED ABOVE IS A CHILD WHO NAME	SE PA	RENT IS A MILITARY MEMBER,	OR THE SPOUSE O	F A MEMBER PROVI	DE THE EC	I LOWING
NAME		SSN	BRANCH	F SERVICE	DE MILTO	STATION
	DADT	C MEMBERS CERTIFICATION				
I certify that I provide adequate support (see named dependents will result in stopping BAC	AFR 3	C- MEMBERS CERTIFICATION	ed above. I am awa	are that failure to ad	equately s	upport the above
CERTIFICATION FOR MEMBERS RECEIVING BY	IO FOR	SECONDARY DEDENDENTS /C	aront adopted III-	-141 1	ted child o	r stan-child)
statement or claim against the US Government	e appl	icable requirements may resul	t in cancellation of	my BAQ. Furthermo	ore, I unde	rstand that making a false
connection with a claim is a maximum fine of well as any changes in my housing arrangem	\$10,0	00 or imprisonment for 5 years	s, or both. I will repo	ort any changes of a	alse claim dependent	, or false statement in
well as any changes in my housing arrangem appropriate requirements may cause involun-	ents in	nmediately to the Accounting	and Finance Office	(AFO). I also under	stand that	my failure to comply with
MEMBER'S SIGNATURE	ary co	action of any resulting indebt	editess retroactive	to the date the entit	lement be	came erroneous.
SIGNATURE		John Q Rublic (OFFICIAL USE O	6/045-	4.011		DATE
		OFFICIAL LISE O	NIV Signal	we only)		TODAY'S DATE
START CHANGE CANCE	ı			(C-58)		
			PARTIAL	☐ WITHOUT DE	PENDENT	☐ WITH DEPENDENT
DEPENDENCY DETERMINATION: I have determine Spouse Single member claiming locations	ned tha	t the above named individual is	dependent on the m	ember based on bei	ng	
Spouse Single member claiming legitimate Adopted Child Incapacitated Child I	child i	n custody of another Leg	itimate child in singl	e members custody	Paren	ts Stepchild
I have determined that the above named in	dividu	ate child or Child, member	er to member marria	ge		
I have determined that the above named in noted here						
I have reviewed documents that support cla	aim tha	nt member is E-7 or above and	no military necess.	ity requires the mer	nber to res	side off hase
TITLE OF CERTIFYING OFFICIAL		SIGNATURE	, , , , , ,	OFFICE ADDRES		DATE
		SIGNATUR	RE]		DATE

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 AND AUTHO	RIZATION TO START, S RS (BAQ) OR DEPENDE	TOP OR CHA	NGE BASIC A	LLOWA	NCE	
AUTHORITY: 37 USC 043, Public Law 96-343, EO 93 PURPOSE: To start, adjust or terminate military mem ROUTINE USE(S): Information may be disclosed to the tax deducted, Department of Veteran Affairs for educe possible violations of the law, the American Red Cros to determine needs of a member or dependents in em.	person PRIVACY ACT STATE! ber's entitlement to BAQ be Internal Revenue Service for t ation and group life insurance inf is for information concerning the ergency situations and for verific acquaint institutions for densities a	Mil to ax information on normation, and the Di needs of the members action of loan application of loan applications.	o Mil- W/ De nembers Social Se Department of Justi per or dependents Pations, state and li	curity Admi ice for inves emergency ocal govern	inistration or information on stigating or prosecuting situations, the Air Force ments for tax and welfare	
DISCLOSURE: Voluntary. However, failure to provide	all information including Social S	Security Number (SS	SN) may result in n	onpayment	of BAQ	
PART A - IDENTIFICATION & DUTY		HC	USING OFFICE of	r BILLETIN	NG OFFICIAL	
1. NAME (Last, First, MI)		NON-AVAILAE	BILITY/ASSIGNME	NT/TERMI	NATION OF QUARTERS	
PUBLIC, JOHN Q		QUARTERS ARE N	NOT ASSIGNED	DATE:		
2. SSN 3. GRADE	4. PHONE	ADEQUATE QUAR	TERS	TER	MINATED	
123-45-6789 MSGT	DSN 111-1111	EFFECTIVE DATE:	ASSIGN		INIT #	
5. DUTY LOCATION (Base, State, ZIP Code or Country) GENERIC AFB, CO, 80000		EFFECTIVE DATE:	ASSIG	NED	RMINATED UNIT #	
PART B - MARITAL/DEPENDENT	STATUS	TRANSIENT QUAI	RTERS OCCUPIED	- UNIT #		
6 SINGLE, NO DEPENDENTS SINGLE, CI		EFFECTIVE DATE	S FROM:		TO:	
en la		TITLE				
MARRIED - SPOUSE IS A CIVILIAN V MILITAR						
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERV	ICE, STATION AND DATE	SIGNATURE				
OF MARRIAGE:	CE V AED VVVVAAADD					
PUBLIC, JANE, Q 123-45-6788, USAF, BA		DATE				
☐ DIVORCED ☐ LEGALLY	SEPERATED					
(Date)	(Date)		er van			
7. NON-CUSTODIAL PARENTS: I PAY THE FULL A					OR DEPENDENT SUPPORT	
BASED ON: a. DIVORCE DECREE b. COUR	T ORDER C. LEGAL SEPARA	TION AGREEMENT,	OR d. WRITTE	EN AGREEM DIAN	IENT WITH CHILD'S	
8. I 🗸 CLAIM BAQ FOR THE DEPENDENT 🗸 IN	NOT IN MY CUSTODY LISTED	BELOW (Effective D				
Note: Indicate the civilian dependent you are claiming	and the relationship (i.e. spous	e legitimate illegit	imate, incapacitate	ed. adopted	step-child or parent) if	
dependent is a child include the date of birth (DOB)	, and the relationship (many species	-,,,,				
(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIF	or COUNTRY	(c) RELATION	SHIP	(d) DOB	
	123 MAIN ST, BASE X AF	B, CO 80000	DAUGHTER		YYYYMMDD	
9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE F	A DENT IO A LIE ITADV MENOED	OR THE SPONST OF	A MEMBER DROVI	DE THE EO	LOWING	
9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE F NAME	PARENT IS A MILITARY MEMBER, I	BRANCH O	F SERVICE	DE THE FUI	STATION	
	123-45-6788	USAF		BASE X	AFB, CO	
PUBLIC, JANE Q	T.C. MEMBERS CERTIFICATION	For members with a	lependents)			
The site that I amount a support (see AER	25.19) for the dependents name	ed above. Lam awa	re that failure to ac	dequately s	upport the above	
				red child oi F K NOW	r sten-chila) Ni)	
I certify that this is my first application YES I understand that my failure to comply with the ap						
appropriate requirements may cause involuntary	collection of any resulting indebt	eaness retroactive	to trie date trie ent	mement be	DATE	
MEMBER'S SIGNATURE	11 00-	DO0 1	m/ 51	011	The state of the s	
SIGNATURE	vohn a	whice (et sig	(nly)	TODAY'S DATE	
0	OFFICIAL USE C	NLY		1		
START CHANGE CANCEL	REPORT STOP	PARTIAL	☐ WITHOUT D		WITH DEPENDENT	
DEPENDENCY DETERMINATION: I have determined	that the above named individual is	dependent on the m	nember based on be	eing		
Spouse Single member claiming legitimate chi	ld in custody of another Le	gitimate child in sing	le members custod	y Parei	nts Stepchild	
Adopted Child Incapacitated Child Illegi	timate child or Child, memb	er to member marria	ige			
I have determined that the above named indivi	dual is not dependent on membe	er or eligible to be a	dependent of men	nber. Reas	ons for disapproval are	
☐ I have reviewed documents that support claim	that member is F-7 or above an	d no military neces	sity requires the m	ember to re	side off base.	
		,,,	OFFICE ADDRE		DATE	
TITLE OF CERTIFYING OFFICIAL SIGNATURE OFFICE ADDRESS DATE SIGNATURE						

PREVIOUS EDITION IS OBSOLETE

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 A	ND AUT	HORIZATION TO START	, STOP OR CH	HANGE BASIC ALLOW	ANCE
AUTHORITY: 37 USC 043 Public Law 9	16-242 EC	PRIVACY ACT STA	ENCY REDET	ERMINATION	20.000
PURPOSE: To start adjust or terminate	military m	ombods sattle 11 min	Mil	to Mil - No Dependa	ents
ROUTINE USE(S): Information may be of tax deducted, Department of Veteran Aft possible violations of the law, the American Company of the law, the Law of	lisciosed to airs for ed	the Internal Revenue Service for ucation and group life incurance	or tax information o	n members Social Security Ad	dministration or information on
possible violations of the law, the America	on Red C	facility group me msurance	miormation, and th	e Department of Justice for in	vestigating or prosecuting
to determine needs of a member or depe insurance companies for allotment inform	ndents in	emergency situations and for ver	ification of loan and	plications, state and local gove	cy situations, the Air Force
insurance companies for allotment inform	nation and	financial institutions, for deposit	s and/or payments.	sindunorio, state and local govi	erninents for tax and welfare
DISCLOSURE: Voluntary. However, failu PART A - IDENTIFICATI	ON 9 DU	de all information including Socia	I Security Number	(SSN) may result in nonpayme	ent of BAQ
1. NAME (Last, First, MI)	UN & DU	YLOCATION	- NON AV	HOUSING OFFICE or BILLE	TING OFFICIAL
PUBLIC, JOHN, Q			NON-AVAIL	ABILITY/ASSIGNMENT/TER	MINATION OF QUARTERS
2. SSN	3. GRADE	4. PHONE		E NOT ASSIGNED DATE:	
	MSGT	DSN 111-1111	ADEQUATE QUA	ARTERS ASSIGNED T	ERMINATED
5. DUTY LOCATION (Base, State, ZIP Code	e or Countr	v)	EFFECTIVE DAT	Marie Company	UNIT #
GENERIC AFB, CO, 80000			INADEQUATE OF	NUARTERS ASSIGNED	TERMINATED
PART B - MARITAL/DI	PENDEN	T STATUS		JARTERS OCCUPIED - UNIT #	UNIT #
6 SINGLE, NO DEPENDENTS	SINCLE	CLAIMING DEDENDENT	EFFECTIVE DAT		
				IES FROM:	TO:
MARRIED - SPOUSE IS A CIVILIAN	MILIT.	ARY MEMBER	TITLE		A CARROLLE SANCE LA CARROLLE S
IF MILITARY SPOUSE - NAME, SSN, BRAN	CH OF SEF	RVICE, STATION AND DATE			
OF MARRIAGE:			SIGNATURE		
PUBLIC, JANE, Q, 123-45-6789, 1	USAF, B.	ASE X AFB, YYYYMMDD			
DIVORCED	LEGALL	Y SEPERATED	DATE		
(Date)	-	(Date)			
7. NON-CUSTODIAL PARENTS: I PAY	THE FULL	AMOUNT OF WITH-DEPENDENT	RATE BAO OR	S OO BRE MONTH	FOR REPRISE
BASED ON: a. DIVORCE DECREE	ь 🗆 сон	PT OPDER & TIEST SERVE		00 FRE MONTH	FOR DEPENDENT SUPPORT
		TO ONDER O LEGAL SEPAR	ATION AGREEMENT	F, OR d. WRITTEN AGREE	MENT WITH CHILD'S
8.1 CLAIM BAQ FOR THE DEPENDENT	IN X	NOT IN MY CUSTODY LISTED	BELOW (Effective	CUSTODIAN	
		ng and the relationship (i.e. spor	se legitimate illeg	itimate income its to be	TE_
dependent is a child include the date of bi	rth (DOB)	g ===e resultenessip (i.e., spec	ise, regiumate, meg	illimate, incapacitated, adopte	d, step-child or parent) if
(a) NAME (Last, First, MI)		(b) ADDRESS, CITY, STATE, Z	IP or COUNTRY	(c) RELATIONSHIP	(d) DOB
PUBLIC, JANE, Q		123 MAIN ST, BASE X AF		SPOUSE	YYYYDDMM
			-,	DI GOOL	TTTTDDMM
				X	
9 IF DEPENDENT NAMED ABOVE IS A CUIT	DIMILOGE				
9. IF DEPENDENT NAMED ABOVE IS A CHIL NAME	D WHOSE	PARENT IS A MILITARY MEMBER,	OR THE SPOUSE O	F A MEMBER PROVIDE THE FO	DLLOWING
		3314	BRANCH	OF SERVICE	STATION
	DA	RT C- MEMBERS CERTIFICATION			
I certify that I provide adequate suppor					
named dependents will result in stoppii	ng BAQ, ar	nd recouping allowances paid for	eu above. I am awa anv prior periods o	are that failure to adequately s	support the above
CERTIFICATION FOR MEMBERS RECEIV	ING BAO F	OR SECONDARY DEPENDENTS /D	grant adopted ille	millionata tanana 11 to 1 to 1	r sten-child)
connection with a claim is a maximum	fine of \$10	000 or imprisonment for F	that the penalty for	r willfully making a false claim	i, or false statement in
well as any changes in my housing arm	angements	immediately to the Accounting	s, or both. I will repo	ort any changes of dependent	's status or residence, as
	voluntary	collection of any resulting indebt	edness retroactive	to the date the entitlement he	my failure to comply with
MEMBER'S SIGNATURE		T1 = 0		to the date the entitlement be	DATE DATE
SIGNATURE		John Q Publ	11- (Wet	- Signature Only)	TODAY'S DATE
		OFFICIAL USE O	MIV	signature only)	TODAYSDATE
			NLT		
5.70	ANCEL		PARTIAL	WITHOUT DEPENDENT	WITH DEPENDENT
DEPENDENCY DETERMINATION: I have d	etermined	that the above named individual is	dependent on the m	nember based on being	
Spouse Single member claiming leg	gitimate chi	ld in custody of another Leo	itimate child in sing	le members custody	u. 🗆 o
Adopted Child Incapacitated Child	☐ Illegi	timate child or Child member	or to mambas	Parer	nts Stepchild
I have determined that the above na noted here	med indivi	dual is not dependent on membe	r or eligible to be a	dependent of member. Reason	ons for disapproval are
I have reviewed documents that support the support of the sup	port claim	that member is E-7 or above and	no military necess	ity requires the member to re	side off base.
TITLE OF CERTIFYING OFFICIAL		SIGNATURE		OFFICE ADDRESS	DATE
		SIGNATUR	RE		C1.55

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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:

ADDI ICATION AND AUT	The Deve	-1400101	3				
FOR QUART	HORIZATION TO START, TERS (BAQ) OR DEPENDE	STOP OR CH	ANGE BASIC	ALLOW	ANCE		
AUTHORITY: 37 USC 043, Public Law 06-343, E- PURPOSE: To start, adjust or terminate military n ROUTINE USE(S): Information may be disclosed t lax deducted, Department of Veteran Affairs for ea possible violations of the law, the American Red C to determine needs of a member or dependents in insurance companies for a streament in the con-	p 9397 PRIVACY ACT STATE nember's entitlement to BAQ the Internal Revenue Service for fucation and group life insurance in tross for information concerning the emergency situations and for verifi-	EMENT Div tax information on formation, and the e needs of the men fication of loan appli	orced - Custo members Social S Department of Jus aber or dependents ications, state and	ecurity Add tice for inv emergence local gove	vestigating or prosecuting cy situations, the Air Force ernments for tax and welfare		
bloobodike. Voluntary. However, failure to prov	ide all information including Social	Security Number (S	SSN) may result in I	nonpayme	nt of BAO		
PART A - IDENTIFICATION & DU 1. NAME (Last, First, MI)	TY LOCATION	l E	OUSING OFFICE	or BILLET	TING OFFICIAL		
PUBLIC, JOHN O		NON-AVAILA	BILITY/ASSIGNMI	ENT/TERM	MINATION OF QUARTERS		
QUARTERS ARE NOT ASSIGNED DATE:							
123-45-6789 MSGT		ADEQUATE QUA	RTERS	TE	ERMINATED		
5. DUTY LOCATION (Base, State, ZIP Code or Counts	DSN 111-1111	EFFECTIVE DATI		IED	UNIT #		
GENERIC AFB, CO, 80000		INADEQUATE QUEFFECTIVE DATE		NED T	FERMINATED UNIT #		
PART B - MARITAL/DEPENDEN		TRANSIENT QUA	ARTERS OCCUPIED	- UNIT #			
6 SINGLE, NO DEPENDENTS SINGLE	, CLAIMING DEPENDENT(S)	EFFECTIVE DATI	ES FROM:		TO:		
MARRIED - SPOUSE IS A CIVILIAN MILIT	ARY MEMBER	TITLE					
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SE OF MARRIAGE:	RVICE, STATION AND DATE	SIGNATURE					
DIVORCED YYYYMMDD LEGALL	(Date)	DATE					
7. NON-CUSTODIAL PARENTS: I PAY THE FULL	AMOUNT OF WITH-DEPENDENT R	ATERAO OR	6 00 00				
BASED ON: a. DIVORCE DECREE b. COL	JRT ORDER C. LEGAL SEPARA	TION AGREEMENT,	OR d. WRITTE	N AGREEN	FOR DEPENDENT SUPPORT		
8. I CLAIM BAQ FOR THE DEPENDENT IN	NOT IN MY CUSTODY LISTED I	BELOW /E// · ·	CUSTO	DIAN			
		BELOW (Effective L	date of dec	cree/cour	rt ord		
dependent is a child include the date of birth (DOB)	ing and the relationship (i.e., spous	e, regitimate, illegi	timate, incapacitate	d, adopted	d, step-child or parent) if		
(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIF	or COUNTRY	(c) RELATIONS	CUID	(1) 202		
PUBLIC, JANE, Q	123 MAIN ST, BASE X AFI		DAUGHTER	31 IIF	(d) DOB 20021001		
		-,	DAOGITER		20021001		
9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE	PARENT IS A MILITARY MEMBER OF	D THE ODOLOG OF					
NAME	SSN SSN	BRANCH O	A MEMBER PROVID	DE THE FO			
			CENTICE		STATION		
P/	ART C- MEMBERS CERTIFICATION (F	or members with d	enendents)				
named dependents will result in stopping BAQ, a CERTIFICATION FOR MEMBERS RECEIVING BAQ I I certify that this is my first application	R 35-18) for the dependents name and recouping allowances paid for a FOR SECONDARY DEPENDENTS (Pa	d above. I am awa ny prior periods of rent, adopted, illeg	re that failure to add nonsupport itimate incapacitat	ed child or	r sten-child)		
I understand that my failure to comply with the a stalement or claim against the US Government in connection with a claim is a maximum fine of \$1 well as any changes in my housing arrangement appropriate requirements may cause involuntary MEMBERS SIGNATURE	0,000 or imprisonment for 5 years,	or both. I will repo	willfully making a f rt any changes of d	alse claim, dependent'	, or false statement in 's status or residence, as		
SIGNATURE	John Q Public	11110		. \	DATE		
O O O O O O O O O O O O O O O O O O O		(- 6 - 4 -)12	inature on	1/4)	TODAY'S DATE		
	OFFICIAL USE ON	ILY					
START CHANGE CANCEL		PARTIAL	WITHOUT DE	PENDENT	WITH DEPENDENT		
DEPENDENCY DETERMINATION: I have determined	that the above named individual is o	dependent on the me	ember based on beir	ng	-		
Spouse Single member claiming legitimate ch	ild in custody of another Legit	timate child in single	e members custody	Paren	its Stepchild		
Adopted Child Incapacitated Child Illed	itimate child or Child member	to member marria					
Thave determined that the above named indiv noted here	idual is not dependent on member	or eligible to be a	dependent of memb				
I have reviewed documents that support claim	that member is E-7 or above and	no military necessi	ty requires the men	nber to res	side off base.		
TITLE OF CERTIFYING OFFICIAL	SIGNATURE		OFFICE ADDRES		DATE		
	SIGNATUR	E		101	madil: Til		
			1		1		

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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 AND AU	THORIZATION TO START	STOP OR CH	IANGE BASIC	ALLOW	ANGE
TOR QUAR	TERS (BAQ) OR DEPEND	ENCY REDET	ERMINATION	ALLOW	ANCE
AUTHORITY: 37 USC 043, Public Law 96-343, E	Q 9397 PRIVACY ACT STAT	EMENT I	Divorced - No	on-Cust	odial
ROUTINE USE(S): Information may be disclosed	to the Internal Davision Co	r tax information or	n members Social	Security Ac	Iministration or information as
possible violations of the law the American Red	Canal facility and group me maurance m	normation, and the	Department of Ju	stice for in	vestigating or prosecuting
to determine needs of a member or deserved.	eroco for information concerning in	e needs of the mei	mber or dependent	s emergen	cy situations, the Air Force
insurance companies for allotment information and	d financial institutions, for deposits	and/or payments.	nications, state and	d local gove	ernments for tax and welfare
DISCLOSURE: Voluntary. However, failure to pro	vide ali information including Social	Security Number (SSN) may result in	nonpayme	ent of BAQ
1. NAME (Last, First, MI)	THE LOCATION	NON-AVAII	HOUSING OFFICE	or BILLE	TING OFFICIAL
NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS PUBLIC, JOHN Q 2. SSN 3. GRADE 4. DHONE OUARTERS ARE NOT ASSIGNED DATE:					
2. SSN 3. GRAD		ADEQUATE QUA			
123-45-6789 MSGT 5. DUTY LOCATION (Base, State, ZIP Code or Count	DSN 111-1111	EFFECTIVE DAT	E: ASSIG	NED T	ERMINATED UNIT #
GENERIC AFB, CO, 80000	try)	INADEQUATE Q		over D	TERMINATED
PART B - MARITAL/DEPENDE	MT STATUS	EFFECTIVE DAT		OIACD [UNIT #
6 SINGLE, NO DEPENDENTS SINGLE		EFFECTIVE DAT	ARTERS OCCUPIE	D - UNIT #	
			ES FROM:		TO:
MARRIED - SPOUSE IS A CIVILIAN MILI	TARY MEMBER	TITLE			
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SI OF MARRIAGE:	ERVICE, STATION AND DATE	SIGNATURE			
OF MARRIAGE:		SIGNATURE			
M DIVORCED VVVVV A CDD		DATE			
DIVORCED YYYYMMDD LEGAL	LY SEPERATED (Date)	_ DATE			
7. NON-CUSTODIAL PARENTS: I PAY THE FUL	(Date)		20		
BASED ON: a. DIVORCE DECREE b OC	UDT CORES	ATE BAQ, OR X	\$00 P	RE MONTH	FOR DEPENDENT SUPPORT
BASED ON: a. DIVORCE DECREE b. CO	C. LEGAL SEPARA	TION AGREEMENT	OR d. WRITT	EN AGREE	MENT WITH CHILD'S
8. I CLAIM BAQ FOR THE DEPENDENT IN	NOT IN MY CUSTODY LISTED	BELOW (Effective)	Dotals Jan C 1	ODIAN	
		se, legitimate, illea	itimate_incapacita	ted adopte	d stop shild as passed if
			попрасна	ей, айорге	u, step-crilla or parent) if
(a) NAME (Last, First, MI) PUBLIC, JANE, O	(b) ADDRESS, CITY, STATE, ZII		(c) RELATION	NSHIP	(d) DOB
TOBEIC, JAINE, Q	123 MAIN ST, BASE X AF	B, CO 80000	DAUGHTER		20021001
9 IF DEPENDENT NAMED ABOVE IS A CUIL DAMAGE					
9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOS NAME	SSN I	OR THE SPOUSE OF	F A MEMBER PROV OF SERVICE	IDE THE FO	DLLOWING
	5011	BRANCH	IF SERVICE		STATION
P	ART C- MEMBERS CERTIFICATION (or members with o	denendents)		
A I CELLIA LIGIT DIOVIGE AGEGLIATE SIDDORT (SEE A	P 35-18) for the dependents	1 . 1	0.00	dequately s	support the above
CERTIFICATION FOR MEMBERS RECEIVING BAO	FOR SECONDARY DEPENDENTS (P.	ny prior periods of	nonsupport	0.10.10000	
connection with a claim is a maximum fine of \$	10 000 or imprisonment for 5	that the penalty for	willfully making a	false claim	, or false statement in
appropriate requirements may cause involuntar MEMBER'S SIGNATURE	y collection of any resulting indebte	dness retroactive	to the date the ent	itlement be	came erroneous.
SIGNATURE	then OP	1- 1			DATE
SIGNATURE	1/8/14 & Th		signature	only)	TODAY'S DATE
	OFFICIAL USE OF	NLY		,	
START CHANGE CANCEL	REPORT STOP	PARTIAL	☐ WITHOUT D	EPENDENT	WITH DEPENDENT
DEPENDENCY DETERMINATION: I have determine	that the above named individual is	dependent on the m	ember based on he	ina	
Spouse Single member claiming legitimate c	hild in custody of another Legi	timate child in singl	e members custods	/ Parer	nte
Adopted Child Incapacitated Child Ille	gitimate child or Child membe	to member marria			
I have determined that the above named indinoted here	vidual is not dependent on member	or eligible to be a	dependent of mem	ber. Reaso	ons for disapproval are
I have reviewed documents that support clair	n that member is E-7 or above and	no military necess	ity requires the me	mber to re:	side off base.
TITLE OF CERTIFYING OFFICIAL	SIGNATURE		OFFICE ADDRE		DATE
	SIGNATUR	E		55	in the second
AF Form 594, NOV 90	PREVIOUS EDITION IS	ORCOLETE	2		

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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:

		- , :	. ()	V111111 11F	FFNIIF	N//\
APPLICATION A	ND AUTHO	ORIZATION TO START,	STOR OR CL	HANGE BASIC	ALLOW	ANCE
TOK	WOAKTER	KS (BAQ) OR DEPEND	ENCY REDET	ERMINATION	ALLO	ANCE
AUTHORITY: 37 USC 043, Public Law 9	96-343, EQ 93	397 PRIVACY ACT STAT	TEMENT I	egally Separate	ed -Non	-Custodial
tax deducted Department of Votoron Aff	disclosed to the	he Internal Revenue Service for	ır tax information o	on members Social	Security Ad	lministration or information or
possible violations of the law the America	con Day C		mormation, and the	ie Department of Ju	istice for invi	vestigating or prosecuting
to determine needs of a member or done	andanta in		io needs of the me	sinuer or dependent	s emergenc	y situations, the Air Force
insurance companies for allotment inform	notion and fi-	be an amount and for your	meation of loan app	plications, state and	d local gover	ernments for tay and wolfare
PART A - IDENTIFICATI	ire to provide a	all information including Social	I Security Number ((SSN) may result in	nonpaymer	nt of BAQ
1. NAME (Last, First, MI)	ON & DUIT L	LOCATION		HOUSING OFFICE	or BILLET	TING OFFICIAL
PUBLIC, JOHN Q			NON-AVAIL	LABILITY/ASSIGNN	MENT/TERM	MINATION OF QUARTERS
2. SSN	3. GRADE	4. PHONE		RE NOT ASSIGNED	DATE:	
	MSGT	DSN 111-1111	ADEQUATE QUA		TE	ERMINATED
5. DUTY LOCATION (Base, State, ZIP Code		D311 111-1111	EFFECTIVE DAT			UNIT #
GENERIC AFB, CO, 80000			INADEQUATE Q EFFECTIVE DAT	QUARTERS ASSI	GNED T	FERMINATED
PART B - MARITAL/DE	EPENDENT S	PITATE	Control of the second section of the second		- Danielo	UNIT #
6 SINGLE, NO DEPENDENTS			EFFECTIVE DAT	JARTERS OCCUPIE	D - UNIT #	i.
	SINGLE, CLA	AIMING DEPENDENT(S)	10	ES FROM:		TO:
MARRIED - SPOUSE IS A CIVILIAN	MILITARY	' MEMBER	TITLE			
IF MILITARY SPOUSE - NAME, SSN, BRANK	CH OF SERVIC	CE STATION AND DATE				
OF MARRIAGE:	of Soldstone	/L, 0	SIGNATURE			
DIVORCED	Z LEGALLY S	SEPERATED YYYYMMDD	DATE			
(Date)		(Date)	2_			
7. NON-CUSTODIAL PARENTS: I PAY	THE CHIL AM	(Udio)				
24050 011 - 🗆 5112005 05005	THE FULL AND	OUNT OF WITH-DEPENDENT K	ATE BAQ, OR	, \$00 Pr	RE MONTH F	FOR DEPENDENT SUPPORT
BASED ON: a. DIVORCE DECREE	b. COURT	ORDER C. LEGAL SEPARA	ATION AGREEMENT	T. OR d. WRITT	EN AGREEN	MENT WITH CHILD'S
A LOS OF THE DEDCHOEN	- 57			CUSTO	ODIAN	MENT WITH CHILD'S
8. I CLAIM BAQ FOR THE DEPENDENT	IN X	NOT IN MY CUSTODY LISTED	BELOW (Effective	0-1-1 1 2		ant
Note: Indicate the civilian dependent you a dependent is a child include the date of bi		and the relationship (i.e., spour	se, legitimate, illeg	nitimate, incapacital	led adopted	d ston-child or narent) if
dependent is a child include the date of bit (a) NAME (Last, First, MI)	1					1, Step-cilla or parcing
		(b) ADDRESS, CITY, STATE, ZIF		(c) RELATION	1SHIP	(d) DOB
PUBLIC, JANE, Q	12	23 MAIN ST, BASE X AFI	B, CO 80000	DAUGHTER		20021001
				Description of the second		2002100.
9. IF DEPENDENT NAMED ABOVE IS A CHILI	2 WHOSE PAI	THE RESERVE OF THE PARTY NEW PERFORMANCE OF THE PARTY NAMED OF THE PAR	2000			
9. IF DEPENDENT NAMED ABOVE IS A CHILI NAME) WHOSE !	RENT IS A MILITARY MEMBER, C	JR THE SPOUSE OF	OF A MEMBER PROVI	DE THE FOL	
	-	JC.,	BRANCO)F SERVICE		STATION
	PART	C- MEMBERS CERTIFICATION (F				
I certify that I provide adequate suppor					-	
named dependents will result in stoppin	ng BAQ, and r	ecouping allowances paid for a	d above, i ani awa any prior periods o	are that failure to ac	lequately su	upport the above
					ated child or	r etan-child)
connection with a claim is a maximum	fine of \$10 00	Of or imprisonment for 5	that the penalty for	or willfully making a	false claim,	or false statement in
well as any changes in my housing arra	angemente im	prodictely to the Assession	, or both. I will repo	ort any changes of	dependent's	s status or residence, as
appropriate requirements may cause in	nyoluntary coll	lection of any resulting indebte	nd Finance Onice	(AFO). I also under	stand that r	my failure to comply with
MEMBER'S SIGNATURE		^	Ulioss retrouctive	to the date the erm	dement beca	
SIGNATURE	63058031	The APALL	West 5	1 111		DATE
	STATE	John Q Public (OFFICIAL USE ON	Wel Digna	here Only)		TODAY'S DATE
		OFFICIAL USE ON	ALY	0		
START CHANGE C	CANCEL	REPORT STOP	PARTIAL	WITHOUT DE	EDENDENT	WITH DEPENDENT
DEPENDENCY DETERMINATION: I have de	Intermined that	t the above named individual is d	dependent on the		37,000	- minori citociti
Spouse Single member claiming les	-timata child ir	the above named individual is d	Jependent on the m	ember based on bei	ng	
Spouse Single member claiming leg	itimate criiiu iii	custody of another Legit	timate child in singl	le members custody	Parent	ts Stepchild
Adopted Child incapacitated Child	Illegitima	ate child or Child member	r to member merrie	100		
I have determined that the above nar noted here	med individual	al is not dependent on member	or eligible to be a	dependent of mem		
I have reviewed documents that supp	oort claim that	t member is E-7 or above and	no military necess	sity requires the me	mber to resi	ide off base.
TITLE OF CERTIFYING OFFICIAL				M. COMMONSON MARKATAN		00 0 2200.

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SIGNATURE

OFFICE ADDRESS

DATE

SIGNATURE