



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 \(PDF\)](#)
- [AFMAN 65-116 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 AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ) OR DEPENDENCY REDETERMINATION											
<small>AUTHORITY: 37 USC 043, Public Law 96-343, EQ 9397</small> <small>PURPOSE: To start, adjust or terminate military member's entitlement to BAQ</small> <small>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.</small> <small>DISCLOSURE: Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of BAQ</small>		<small>PRIVACY ACT STATEMENT</small> Single - W/Dependants									
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 EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT # _____ INADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED 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 checked="" 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: _____ <input type="checkbox"/> DIVORCED _____ (Date) <input type="checkbox"/> LEGALLY SEPERATED _____ (Date)		7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR <input type="checkbox"/> \$ _____ .00 PRE 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 8.1 <input checked="" type="checkbox"/> CLAIM BAQ FOR THE DEPENDENT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NOT IN MY CUSTODY LISTED BELOW (Effective Date): BIRTH DATE <small>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)</small>									
(a) NAME (Last, First, MI) PUBLIC, JANE, Q (b) ADDRESS, CITY, STATE, ZIP OR COUNTRY 123 MAIN ST, BASE X AFB, CO 80000 (c) RELATIONSHIP DAUGHTER (d) DOB 20021001											
9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NAME</th> <th>SSN</th> <th>BRANCH OF SERVICE</th> <th>STATION</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NAME	SSN	BRANCH OF SERVICE	STATION				
NAME	SSN	BRANCH OF SERVICE	STATION								
PART C - MEMBERS CERTIFICATION (For members with dependents) <input checked="" type="checkbox"/> 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 <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 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.</small>											
MEMBER'S SIGNATURE SIGNATURE <i>John Q Public (Wet Signature Only)</i>		DATE TODAY'S DATE									
OFFICIAL USE ONLY											
<input type="checkbox"/> START <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL <input type="checkbox"/> REPORT <input type="checkbox"/> STOP <input type="checkbox"/> PARTIAL <input type="checkbox"/> WITHOUT DEPENDENT <input type="checkbox"/> WITH DEPENDENT											
DEPENDENCY DETERMINATION: I have determined that the above named individual is dependent on the member based on being <input type="checkbox"/> Spouse <input type="checkbox"/> Single member claiming legitimate child in custody of another <input type="checkbox"/> Legitimate child in single members custody <input type="checkbox"/> Parents <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted Child <input type="checkbox"/> Incapacitated Child <input type="checkbox"/> Illegitimate child or <input type="checkbox"/> Child, member to member marriage <input type="checkbox"/> 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 _____ <input type="checkbox"/> 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 _____		OFFICE ADDRESS _____ DATE _____									

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 AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ) OR DEPENDENCY REDETERMINATION

AUTHORITY: 37 USC 043, Public Law 96-343, EO 9397 **PRIVACY ACT STATEMENT** Married to Civilian
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 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 BAQ

PART A - IDENTIFICATION & DUTY LOCATION				HOUSING OFFICE or BILLETING OFFICIAL NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS			
1. NAME (Last, First, MI) PUBLIC, JOHN Q				QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE:			
2. SSN 123-45-6789		3. GRADE MSGT	4. PHONE DSN 111-1111			ADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT #	INADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT #
5. DUTY LOCATION (Base, State, ZIP Code or Country) GENERIC AFB, CO, 80000				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 checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE: <input type="checkbox"/> DIVORCED _____ (Date) <input type="checkbox"/> LEGALLY SEPERATED _____ (Date)				SIGNATURE			
7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR <input type="checkbox"/> \$ _____ .00 PRE 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			
8.1 <input checked="" type="checkbox"/> CLAIM BAQ FOR THE DEPENDENT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NOT IN MY CUSTODY LISTED BELOW (Effective Date): <u>MARRIAGE DATE</u> 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)				CUSTODIAN			
(a) NAME (Last, First, MI) PUBLIC, JANE, Q		(b) ADDRESS, CITY, STATE, ZIP OR COUNTRY 123 MAIN ST, BASE X AFB, CO 80000		(c) RELATIONSHIP SPOUSE		(d) DOB 19700501	
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 - MEMBERS CERTIFICATION (For members with dependents)							
<input checked="" type="checkbox"/> 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 <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 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 <u>John Q Public (Wet Signature Only)</u>				TODAY'S DATE			
OFFICIAL USE ONLY							
<input type="checkbox"/> START <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL <input type="checkbox"/> REPORT <input type="checkbox"/> STOP <input type="checkbox"/> PARTIAL <input type="checkbox"/> WITHOUT DEPENDENT <input type="checkbox"/> WITH DEPENDENT							
DEPENDENCY DETERMINATION: I have determined that the above named individual is dependent on the member based on being <input type="checkbox"/> Spouse <input type="checkbox"/> Single member claiming legitimate child in custody of another <input type="checkbox"/> Legitimate child in single members custody <input type="checkbox"/> Parents <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted Child <input type="checkbox"/> Incapacitated Child <input type="checkbox"/> Illegitimate child or <input type="checkbox"/> Child, member to member marriage <input type="checkbox"/> 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 <input type="checkbox"/> 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		OFFICE ADDRESS	
				SIGNATURE		DATE	

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 AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ) OR DEPENDENCY REDETERMINATION			
AUTHORITY: 37 USC 043, Public Law 96-343, EQ 9397		PRIVACY ACT STATEMENT	Mil to Mil- W/ Dependents
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 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 BAQ			
PART A - IDENTIFICATION & DUTY LOCATION		HOUSING OFFICE or BILLETING OFFICIAL	
1. NAME (Last, First, MI) PUBLIC, JOHN Q		NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS	
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		QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE: _____	
PART B - MARITAL/DEPENDENT STATUS		ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT # _____	
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)		EFFECTIVE DATE: _____	
MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> MILITARY MEMBER		INADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT # _____	
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE: PUBLIC, JANE, Q 123-45-6788, USAF, BASE X AFB, YYYYMMDD		EFFECTIVE DATE: _____	
<input type="checkbox"/> DIVORCED _____ <input type="checkbox"/> LEGALLY SEPERATED _____		TRANSIENT QUARTERS OCCUPIED - UNIT # _____	
		EFFECTIVE DATES FROM: _____ TO: _____	
		TITLE _____	
		SIGNATURE _____	
		DATE _____	
7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR <input type="checkbox"/> \$ _____ .00 PRE 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 BAQ FOR THE DEPENDENT <input checked="" type="checkbox"/> IN <input type="checkbox"/> 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)			
<input checked="" type="checkbox"/> 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 <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 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 _____		TODAY'S DATE _____	
OFFICIAL USE ONLY			
<input type="checkbox"/> START	<input type="checkbox"/> CHANGE	<input type="checkbox"/> CANCEL	<input type="checkbox"/> REPORT
<input type="checkbox"/> STOP	<input type="checkbox"/> PARTIAL	<input type="checkbox"/> WITHOUT DEPENDENT	<input type="checkbox"/> WITH DEPENDENT
DEPENDENCY DETERMINATION: I have determined that the above named individual is dependent on the member based on being			
<input type="checkbox"/> Spouse <input type="checkbox"/> Single member claiming legitimate child in custody of another <input type="checkbox"/> Legitimate child in single members custody <input type="checkbox"/> Parents <input type="checkbox"/> Stepchild			
<input type="checkbox"/> Adopted Child <input type="checkbox"/> Incapacitated Child <input type="checkbox"/> Illegitimate child or <input type="checkbox"/> Child, member to member marriage			
<input type="checkbox"/> 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 _____			
<input type="checkbox"/> 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	OFFICE ADDRESS	DATE
	SIGNATURE _____		

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 AND AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ) OR DEPENDENCY REDETERMINATION				
<small>AUTHORITY: 37 USC 043, Public Law 96-343, EQ 9397</small> <small>PURPOSE: To start, adjust or terminate military member's entitlement to BAQ</small> <small>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 insurance companies for allotment information and financial institutions, for deposits and/or payments.</small> <small>DISCLOSURE: Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of BAQ</small>		<small>PRIVACY ACT STATEMENT</small> Mil to Mil - No Dependents		
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 EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT # INADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT # TRANSIENT QUARTERS OCCUPIED - UNIT # EFFECTIVE DATES FROM: TO:		
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, 123-45-6789, USAF, BASE X AFB, YYYYMMDD <input type="checkbox"/> DIVORCED (Date) <input type="checkbox"/> LEGALLY SEPERATED (Date)		TITLE SIGNATURE DATE		
7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR \$ ____ .00 PRE 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 BAQ FOR THE DEPENDENT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NOT IN MY CUSTODY LISTED BELOW (Effective Date): <u>MARRIAGE DATE</u> <small>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)</small>				
(a) NAME (Last, First, MI) PUBLIC, JANE, Q		(b) ADDRESS, CITY, STATE, ZIP OR COUNTRY 123 MAIN ST, BASE X AFB, CO 80000	(c) RELATIONSHIP SPOUSE	(d) DOB 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 - MEMBERS CERTIFICATION (For members with dependents)				
<input checked="" type="checkbox"/> 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 <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 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		SIGNATURE	DATE	TODAY'S DATE
		<i>John Q Public (Wet Signature Only)</i>		
OFFICIAL USE ONLY				
<input type="checkbox"/> START	<input type="checkbox"/> CHANGE	<input type="checkbox"/> CANCEL	<input type="checkbox"/> REPORT	<input type="checkbox"/> STOP
<input type="checkbox"/> PARTIAL	<input type="checkbox"/> WITHOUT DEPENDENT	<input type="checkbox"/> WITH DEPENDENT		
DEPENDENCY DETERMINATION: I have determined that the above named individual is dependent on the member based on being <input type="checkbox"/> Spouse <input type="checkbox"/> Single member claiming legitimate child in custody of another <input type="checkbox"/> Legitimate child in single members custody <input type="checkbox"/> Parents <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted Child <input type="checkbox"/> Incapacitated Child <input type="checkbox"/> Illegitimate child or <input type="checkbox"/> Child, member to member marriage				
<input type="checkbox"/> 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				
<input type="checkbox"/> 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	OFFICE ADDRESS	DATE
		SIGNATURE		

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 AND AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ) OR DEPENDENCY REDETERMINATION			
AUTHORITY: 37 USC 043, Public Law 96-343, EQ 9397		PRIVACY ACT STATEMENT	
PURPOSE: To start, adjust or terminate military member's entitlement to BAQ		Divorced - Custodial	
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 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		HOUSING OFFICE or BILLETING OFFICIAL	
1. NAME (Last, First, MI) PUBLIC, JOHN Q		NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS	
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		QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE:	
PART B - MARITAL/DEPENDENT STATUS		ADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT #	
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)		INADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT #	
MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER		TRANSIENT QUARTERS OCCUPIED - UNIT #	
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:		EFFECTIVE DATES FROM: TO:	
<input checked="" type="checkbox"/> DIVORCED YYYYMMDD <input type="checkbox"/> LEGALLY SEPERATED		TITLE	
		SIGNATURE	
		DATE	
7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR <input type="checkbox"/> \$ ____ .00 PRE 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 checked="" type="checkbox"/> WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN			
8. I <input checked="" type="checkbox"/> CLAIM BAQ FOR THE DEPENDENT <input checked="" type="checkbox"/> IN <input type="checkbox"/> NOT IN MY CUSTODY LISTED BELOW (Effective Date): date of decree/court ord			
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) PUBLIC, JANE, Q	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY 123 MAIN ST, BASE X AFB, CO 80000	(c) RELATIONSHIP DAUGHTER	(d) DOB 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 - MEMBERS CERTIFICATION (For members with dependents)			
<input checked="" type="checkbox"/> 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 <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 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 <i>John Q Public (Wet Signature Only)</i>		TODAY'S DATE	
OFFICIAL USE ONLY			
<input type="checkbox"/> START	<input type="checkbox"/> CHANGE	<input type="checkbox"/> CANCEL	<input type="checkbox"/> REPORT
<input type="checkbox"/> STOP	<input type="checkbox"/> PARTIAL	<input type="checkbox"/> WITHOUT DEPENDENT	<input type="checkbox"/> WITH DEPENDENT
DEPENDENCY DETERMINATION: I have determined that the above named individual is dependent on the member based on being			
<input type="checkbox"/> Spouse <input type="checkbox"/> Single member claiming legitimate child in custody of another <input type="checkbox"/> Legitimate child in single members custody <input type="checkbox"/> Parents <input type="checkbox"/> Stepchild			
<input type="checkbox"/> Adopted Child <input type="checkbox"/> Incapacitated Child <input type="checkbox"/> Illegitimate child or <input type="checkbox"/> Child, member to member marriage			
<input type="checkbox"/> 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			
<input type="checkbox"/> 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	OFFICE ADDRESS	DATE
	SIGNATURE		

Non-custodial dependency

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

APPLICATION AND AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ) OR DEPENDENCY REDETERMINATION			
AUTHORITY: 37 USC 043, Public Law 96-343, EO 9397 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 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 in emergency situations, the Air Force 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		PRIVACY ACT STATEMENT Divorced - Non-Custodial	
PART A - IDENTIFICATION & DUTY LOCATION 1. NAME (Last, First, MI) PUBLIC, JOHN Q		HOUSING OFFICE or BILLETING OFFICIAL NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE:	
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		ADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT # INADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT #	
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 type="checkbox"/> MILITARY MEMBER IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:		TRANSIENT QUARTERS OCCUPIED - UNIT # EFFECTIVE DATES FROM: TO: TITLE SIGNATURE DATE	
<input checked="" type="checkbox"/> DIVORCED YYYYMMDD (Date) <input type="checkbox"/> LEGALLY SEPERATED (Date)			
7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR <input checked="" type="checkbox"/> \$.00 PRE 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 BAQ FOR THE DEPENDENT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NOT IN MY CUSTODY LISTED BELOW (Effective Date): date of decree/court ord 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) PUBLIC, JANE, Q	(b) ADDRESS, CITY, STATE, ZIP or COUNTRY 123 MAIN ST, BASE X AFB, CO 80000	(c) RELATIONSHIP DAUGHTER	(d) DOB 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 - MEMBERS CERTIFICATION (For members with dependents) <input checked="" type="checkbox"/> 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 <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 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 SIGNATURE		DATE TODAY'S DATE	
SIGNATURE		DATE	
OFFICIAL USE ONLY <input type="checkbox"/> START <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL <input type="checkbox"/> REPORT <input type="checkbox"/> STOP <input type="checkbox"/> PARTIAL <input type="checkbox"/> WITHOUT DEPENDENT <input type="checkbox"/> WITH DEPENDENT			
DEPENDENCY DETERMINATION: I have determined that the above named individual is dependent on the member based on being <input type="checkbox"/> Spouse <input type="checkbox"/> Single member claiming legitimate child in custody of another <input type="checkbox"/> Legitimate child in single members custody <input type="checkbox"/> Parents <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted Child <input type="checkbox"/> Incapacitated Child <input type="checkbox"/> Illegitimate child or <input type="checkbox"/> Child, member to member marriage <input type="checkbox"/> 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 <input type="checkbox"/> 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	OFFICE ADDRESS	DATE
	SIGNATURE		

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 AND AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ) OR DEPENDENCY REDETERMINATION			
AUTHORITY: 37 USC 043, Public Law 96-343, EQ 9397		PRIVACY ACT STATEMENT	
PURPOSE: To start, adjust or terminate military member's entitlement to BAQ		Legally Separated - Non-Custodial	
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 BAQ			
PART A - IDENTIFICATION & DUTY LOCATION		HOUSING OFFICE or BILLETING OFFICIAL	
1. NAME (Last, First, MI) PUBLIC, JOHN Q		NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS	
2. SSN 123-45-6789		QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE:	
3. GRADE MSGT		ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/>	
4. PHONE DSN 111-1111		EFFECTIVE DATE: _____ UNIT # _____	
5. 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: _____ UNIT # _____	
PART B - MARITAL/DEPENDENT STATUS		TRANSIENT QUARTERS OCCUPIED - UNIT # _____	
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)		EFFECTIVE DATES FROM: _____ TO: _____	
MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER		TITLE _____	
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:		SIGNATURE _____	
<input type="checkbox"/> DIVORCED _____ (Date)		DATE _____	
<input checked="" type="checkbox"/> LEGALLY SEPERATED <u>YYYYMMDD</u> (Date)			
7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAQ, OR <input type="checkbox"/> \$ _____ .00 PRE 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			
8.1 <input checked="" type="checkbox"/> CLAIM BAQ FOR THE DEPENDENT <input type="checkbox"/> IN <input checked="" type="checkbox"/> NOT IN MY CUSTODY LISTED BELOW (Effective Date): <u>date of sep. agreement</u>			
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, JANE, Q	123 MAIN ST, BASE X 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 - MEMBERS CERTIFICATION (For members with dependents)			
<input checked="" type="checkbox"/> 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 <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 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 <u>John Q Public (Wet Signature Only)</u>		TODAY'S DATE _____	
OFFICIAL USE ONLY			
<input type="checkbox"/> START	<input type="checkbox"/> CHANGE	<input type="checkbox"/> CANCEL	<input type="checkbox"/> REPORT
<input type="checkbox"/> STOP	<input type="checkbox"/> PARTIAL	<input type="checkbox"/> WITHOUT DEPENDENT	<input type="checkbox"/> WITH DEPENDENT
DEPENDENCY DETERMINATION: I have determined that the above named individual is dependent on the member based on being			
<input type="checkbox"/> Spouse <input type="checkbox"/> Single member claiming legitimate child in custody of another <input type="checkbox"/> Legitimate child in single members custody <input type="checkbox"/> Parents <input type="checkbox"/> Stepchild			
<input type="checkbox"/> Adopted Child <input type="checkbox"/> Incapacitated Child <input type="checkbox"/> Illegitimate child or <input type="checkbox"/> Child, member to member marriage			
<input type="checkbox"/> 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 _____			
<input type="checkbox"/> 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	OFFICE ADDRESS	DATE
	SIGNATURE _____		