AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS *(BAQ)*, AND/OR VARIABLE HOUSING ALLOWANCE *(VHA)*

For use of this form, see 37-104-3; the proponent agency is ASA (FM)

PRIVACY ACT STATEMENT

AUTHORITY: 37 USC 403; Public Law 96-343; EO 9397.

PRINCIPLE PURPOSE: To start, adjust or terminate military member's entitlement to basic allowance for quarters *(BAQ)* and/or variable housing allowance *(VHA)*.

ROUTINE USE: To adjust member's military pay record, information may be disclosed to Army components, such as USAFAC, major commands, and other Army installations; to other DOD components; other federal agencies such as IRS, Social Security Administration and VA, GAO, members of Congress; State and local government; US and State courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification.

DISCLOSURE IS VOLUNTARY: Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN.

1. NAME *(Last, First, MI)*

2. SOCIAL SECURITY NUMBER

3. GRADE

4. TYPE OF ACTION

	START		CANCEL		CHANGE		REPORT
	CORRECT		STOP		RECERTIFICATION		

5. DUTY LOCATION *(Include Station, Name, City, State, and Zip Code)*

6. DATE/ACTION *(YYMMDD)*

7. BAQ TYPE

	WITH DEPENDENTS		PARTIAL
	WITHOUT DEPENDENTS		

8. MARTIAL/DEPENDENCY STATUS

	a. SINGLE		b. MARRIED *(see blocks (1), (2) & (3))*		c. DIVORCED *(see blocks (1), (2) & (3))*		
	d. LEGALLY SEPARATED *(see blocks (1), (2) & (3))*		e. DEPENDENT CHILD *(see blocks (4), (5) & (6))*				

(1) Spouse/Former Spouse SSN

(2) Spouse/Former Spouse Duty Station

(3) Date of Marriage, Divorce/Separation

(4)	Child in Custody of:		Member		Spouse		Former Spouse		Other

(5) If you check "OTHER" above, prepare DD Form 137 to establish dependency.

(6) If child support received from another militery member, complete (1), (2) & (3).

9. QUARTERS ASSIGNMENT/AVAILABILITY

	a. ADEQUATE *(see block (1))*		b. INADEQUATE *(see blocks (1), (2) & (4))*				
	c. TRANSIENT *(see block (3))*		d. NOT AVAILABLE				

(1) QUARTERS NO. _____

(2) FAIR RENTAL VALUE $

(3) FROM: TO:

(4) ☐ MEMBER ELECTION *(Member in grade E7 and above)* ☐ COMMANDER DETERMINATION *(Attached)*

10. DEPENDENTS/SHARERS *(Continue on back if required)*

NAME OF DEPENDENT/SHARER	COMPLETE CURRENT ADDRESS *(Include ZIP Code)*	RELATIONSHIP	DOB OF CHILDREN

11. CERTIFICATION OF DEPENDENT SUPPORT

	I certify that I provide, or am will to provide adequate support for the above named dependents. I am aware that failure to support the above named dependents may result in stopping BAQ and recouping BAQ for any prior periods/nonsupport.
	IAW service regulations, I certify that the dependency status of my primary dependents, on whose behalf I am receiving BAQ, has not changed so as to affect my entitlement thereto for the period

12. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON

	My permanent duty station:		My dependent's location:		Both my permanent duty station and dependent's location.

a. Monthly Expenses:	Member	Dependent
(1) Mortgage *(PITI)* or Rent		
(2) Insurance		
(3) Other		
TOTALS		

b. Sharer/Lease Information

(1) Rental/Residential Address:

(2) Effective Date:

(3) Expiration Date:

(4) Number of Sharers *(show name(s) and address in block 10.)*

c. Address Information

(1) Landlord's Name and Address:

(2) Landlord's Phone No.

I certify ALL information regarding this authorization is correct. I will immediately notify the FAO/HRO of any changes in the information above, due to divorce, marriage, death, living in government quarters etc, which could affect by BAQ or VHA entitlement.
IMPORTANT: Making a false statement or claim against the US Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of $10,000 or imprisonment for 5 years, or both.

13. MEMBER'S SIGNATURE	14. DATE	15. CERTIFYING OFFICER'S SIGNATURE	16. DATE